

and the availability of the provider (658E(c)(2)(D); 98.33(a)). The website should also provide access to a yearly statewide report on deaths, serious injuries, and the number of cases of substantiated child abuse that have occurred in child care settings. To assist families with any additional questions, the website should provide contact information for local child care resource and referral organizations and any other agencies that can assist families in better understanding the information on the website.

To certify, respond to questions 2.3.1 through 2.3.10 by describing how the Lead Agency meets these requirements and provide the link in 2.3.11. If the Lead Agency has not fully implemented the Consumer Education website elements identified in Section 2.3, then respond to question 2.3.12. Please note that any changes made to the web links provided below in this section after the CCDF Plan is approved will require a CCDF Plan amendment.

2.3.1 Describe how the Lead Agency ensures that its website is consumer-friendly and easily accessible:

The Lead Agency provides information on their website organized to meet the specific needs of parents, providers, and the community, with resources related to those specific topics under within. The parent section of the website provides community resources and ways to access different types of assistance including: child care subsidy, information on how to find child care providers in their community, and state regulations describing child care subsidy and child care licensing. The provider section of the website provides information on how to become a child care subsidy provider and how to become licensed, how to apply for various grants, training and resources available for providers, and various forms needed for current child care subsidy providers. The community section of the website includes descriptions of the types of child care in Nebraska, how to file a complaint against a provider, the most current CCDF State Plan, the Market Rate Survey, and the CCDF disaster plan for Nebraska. This website is directly linked to DHHS home page for easy accessibility to the community. All resources and content on this website are directly related to child care, to prevent unnecessary information and allow easy navigation. DHHS has reviewed this website with community and state partners to ensure vital information is available. DHHS is working to make its public site and everything linked to it mobile friendly to increase accessibility to clients, and short headings are used within the website to quickly access information needed.

2.3.2 Describe how the website ensures the widest possible access to services for families that speak languages other than English (98.33(a)):

All DHHS websites are able to be accessed with the following languages: Arabic, Chinese Simplified, Croatian, Czech, French, German, Italian, Japanese, Korean, Norwegian, Polish, Portuguese, Russian, and Spanish. This is completed by choosing the language on the main DHHS home page and all pages linked to the home page will be translated. LanguageLinc Interpretation Services are used for translation services when consumers need more explanation of the information located on the website. Some forms are also available in Spanish for current child care subsidy providers.

Effective Date: 10/01/2018

2.3.3 Describe how the website ensures the widest possible access to services for persons with disabilities:

The Lead Agency provides accommodations to persons with disabilities by offering hearing and impaired services, face-to-face meetings at local offices to provide resources and answer questions from the website, as well as providing a telephone number for individuals to call and speak directly to a staff member from the CCDF team.

Effective Date: 10/01/2018

2.3.4 Lead Agency processes related to child care.

A required component of the consumer education website is a description of Lead Agency policies and procedures relating to child care (98.33(a) (1)). This information includes a description of how the state/territory licenses child care, a rationale for exempting providers

from licensing requirements, the procedure for conducting monitoring and inspections of providers, and the policies and procedures related to criminal background checks.

Effective Date: 10/01/2018

a) Provide the link to how the Lead Agency licenses child care providers, including the rationale for exempting certain providers from licensing requirements, as described in section 5.3.6:

http://dhhs.ne.gov/Pages/reg_t391.aspx

[http://www.sos.ne.gov/rules-and-](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-1.pdf)

[regs/regsearch/Rules/Health and Human Services System/Title-391/Chapter-1.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-1.pdf);

391 NAC 1-001.02

b) Provide the link to the procedure for conducting monitoring and inspections of child care providers, as described in section 5.3.2:

http://dhhs.ne.gov/Pages/reg_t391.aspx

[http://www.sos.ne.gov/rules-and-](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-1.pdf)

[regs/regsearch/Rules/Health and Human Services System/Title-391/Chapter-1.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-391/Chapter-1.pdf);

391 NAC 1-005

c) Provide the link to the policies and procedures related to criminal background checks for staff members of child care providers and the offenses that prevent individuals from being employed by a child care provider or receiving CCDF funds, as described in sections 5.4.1 and 5.4.11:

http://dhhs.ne.gov/children_family_services/ChildCare/Pages/BackgroundCheck.aspx

2.3.5 List of providers

The consumer education website must include a list of all licensed providers and, at the discretion of the Lead Agency, all providers eligible to deliver CCDF services, identified as either licensed or license-exempt. Providers caring for children to whom they are related do not need to be included. The list of providers must be searchable by ZIP Code.

Effective Date: 09/10/2019

a) Provide the website link to the searchable list of child care providers:

The link below provides consumers 3 different options to search for providers. Consumers can search via a pdf list, a license information system search, and the Nebraska Resource and Referral system.

<http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

b) In addition to the licensed providers that are required to be included in your searchable list, which additional providers are included in the Lead Agency's searchable list of child care providers (please check all that apply):

- License-exempt center-based CCDF providers
- License-exempt family child care (FCC) CCDF providers
- License-exempt non-CCDF providers
- Relative CCDF child care providers
- Other.

Describe

c) Identify what informational elements, if any, are available in the searchable results.

Note: Quality information (if available) and monitoring results are required on the website but are not required to be a part of the search results.

Licensed Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

License-Exempt, non-CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

License-Exempt CCDF Center Based Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

License-Exempt CCDF Family Child Care

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Relative CCDF Providers

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

Other.

Describe:

- Contact Information
- Enrollment Capacity
- Years in Operation
- Provider Education and Training
- Languages Spoken
- Quality Information
- Monitoring Reports
- Other.

Describe:

2.3.6 Lead Agencies must also identify specific quality information on each child care provider for whom they have this information. The type of information provided is determined by the Lead Agency, and it should help families easily understand whether a provider offers services that meet Lead Agency-specific best practices and standards or a nationally recognized, research-based set of criteria. Provider-specific quality information must only be posted on the consumer website if it is available for the

a) How does the Lead Agency determine quality ratings or other quality information to include on the website?

- Quality rating and improvement system
- National accreditation
- Enhanced licensing system
- Meeting Head Start/Early Head Start requirements
- Meeting prekindergarten quality requirements
- School-age standards, where applicable
- Other.

Describe

b) For what types of providers are quality ratings or other indicators of quality available?

- Licensed CCDF providers.

Describe the quality information:

Step Up to Quality (Nebraska's QRIS) quality ratings are available for licensed child care programs and are rated based on quality indicators, and given a rating between Step 1 through Step 5. These programs are rated based on: program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration.

- Licensed non-CCDF providers.

Describe the quality information:

Step Up to Quality (Nebraska's QRIS) quality ratings are available for licensed child care programs and are rated based on quality indicators, and given a rating between Step 1 through Step 5. These programs are rated based on: program curriculum, learning environments, teacher-child interactions, child outcomes, professional development and training, family engagement and partnerships, and program administration.

License-exempt center-based CCDF providers.

Describe the quality information:

License-exempt FCC CCDF providers.

Describe the quality information:

License-exempt non-CCDF providers.

Describe the quality information:

Relative child care providers.

Describe the quality information:

Other.

Describe

2.3.7 Lead Agencies are required to post monitoring and inspection reports on the consumer education website for each licensed provider and for each non-relative provider eligible to provide CCDF services on the consumer education website. These reports must include results of required annual monitoring visits and visits due to major substantiated complaints about a provider's failure to comply with health and safety requirements and child care policies. The reports must be in plain language and be timely to ensure that the results of the reports are available and easily understood by parents when they are deciding on a child care provider. Lead Agencies must post at least 3 years of reports when available, going forward (not retrospectively), beginning October 1, 2018.

Certify by responding to the questions below:

Effective Date: 06/11/2020

a) What is the Lead Agency's definition of plain language and describe the process for receiving feedback from parents and the public about readability of reports.

Nebraska defines plain language as easy to read and understandable to individuals who

are not familiar with policy references. Reports are completed by summarizing and simplifying policy references for parents and the public. Parents can call either Child Care Licensing or the CCDF/Subsidy Program to speak to a specialist regarding any question they may have.

b) Are monitoring and inspection reports in plain language?

If yes,

include a website link to a sample monitoring report.

Reports can be found on the following website.

<http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

<https://www.nebraska.gov/LISSearch/search.cgi>

Example Reports are for:

Child Care Center Checklist

Family Child Care Home I Checklist

Licensing Exempt Annual Monitoring Compliance

Amendment 2.3.7 b): Lead Agency funds in-home child care (care provided in child's home) with state dollars; no CCDF funds or state matching funds are used. Lead Agency does not conduct inspections of in-home providers or post annual inspection or monitoring reports for in-home child care subsidy providers.

If no,

describe how plain language summaries are used to meet the regulatory requirements and include a link to a sample summary.

c) Check to certify what the monitoring and inspection reports and/or their plain language summaries include:

Date of inspection

- [Health and safety violations, including those violations that resulted in fatalities or serious injuries.](#)

[Describe how these health and safety violations are prominently displayed.](#)

When conducting an investigation, all relevant regulations are cited in the investigation report. Compliance review reports are completed following an inspection and/or investigation. The compliance review report is divided into three sections: the regulation evaluated, observations/discussions/determination and needed compliance. If a health and safety regulation was violated, it would be easy for the reader of the report to identify which regulation was evaluated and which were found to be in violation. In addition, all licensed programs are required to have these reports available to show these inspection reports to parents upon request.

Amendment 2.3.7 c): Lead Agency funds in-home child care (care provided in child's home) with state dollars; no CCDF funds or state matching funds are used. Lead Agency does not conduct inspections of in-home providers or post annual inspection or monitoring reports for in-home child care subsidy providers.

- [Corrective action plans taken by the State and/or child care provider.](#)

[Describe](#)

Nebraska has a negative action option that is referred to as "Corrective Action Status". This is not a discipline, and the program does not have appeal rights. It is an option that can be offered to a licensee in the event the violation does not rise to the level of a discipline. Programs can refuse, however, if they do, it is likely the department would then initiate disciplinary action. Part of the process includes the requirement that licensees submit to the Department for approval, a formal corrective action plan that addresses the violations. If approved, the Department then monitors that plan. If the program fails to follow their plan, the Department may initiate disciplinary action, such a probationary license, for failure to follow through on the agreed plan.

[d\) The process for correcting inaccuracies in reports.](#)

Providers are given a copy of the checklist completed by a Child Care Inspection Specialist to review for inaccuracies. The provider is then able to inform Child Care Licensing of the inaccuracy to get this corrected on the posted report. License Exempt providers sign the monitoring list with the Resource Development worker completing the

report. If there are any inaccuracies, they do not have to sign report. They can discuss on the spot with the Resource Development worker or they can request to speak to a supervisor.

e) The process for providers to appeal the findings in reports, including the time requirements, timeframes for filing the appeal, for the investigation, and for removal of any violations from the website determined on appeal to be unfounded.

Licensees are allowed and encouraged to include written responses to all findings. There is no "appeal" process for report findings. If a license is disciplined, the licensee would have appeal rights in that case. Programs may request a hearing within 15 days of receipt of their appeal notification.

f) How reports are posted in a timely manner. Specifically, provide the Lead Agency's definition of 'timely' and describe how it ensures that reports are posted within its timeframe. Note: While Lead Agencies define 'timely,' we recommend Lead Agencies update results as soon as possible and no later than 90 days after an inspection or corrective action is taken

All Compliance Review Reports, including those completed as a result of a complaint, are available to the public upon request. Those interested in obtaining a copy would need to contact the Office of Children's Services Licensing by telephone or email and make the request. Policy directs staff to submit copies of completed investigation reports within one week of completion. The CCDF/Subsidy and Child Care Licensing programs are in the process of making inspection reports for license-exempt providers available on line. Completion date is expected to be no later than 9/30/2018.

g) Describe the process for maintaining monitoring reports on the website. Specifically, provide the minimum number of years reports are posted and the policy for removing reports (98.33(a)(4)(iv)).

Reports for CCDF providers will begin from the time of implementation (no later than 9/30/2018) and will be continuous from this point forward. There is no plan to remove past reports from the website once posted.

h) Any additional providers on which the Lead Agency chooses to include reports. Note - Licensed providers and CCDF providers must have monitoring and inspection reports

posted on their consumer education website.

- License-exempt non-CCDF providers
- Relative child care providers
- Other.

Describe

2.3.8 Aggregate data on serious injuries, deaths, and substantiated cases of child abuse that have occurred in child care settings each year must be posted on the consumer education website. This aggregate information on serious injuries and deaths must be organized by category of care (e.g., center, FCC, etc.) and licensing status for all eligible CCDF provider categories in the state. The information on instances of substantiated child abuse does not have to be organized by category of care or licensing status. The aggregate report should not list individual provider-specific information or names.

Certify by providing:

Effective Date: 09/10/2019

a) The designated entity to which child care providers must submit reports of any serious injuries or deaths of children occurring in child care (98.16 (ff)) and describe how the Lead Agency obtains the aggregate data from the entity.

Licensed provider must submit reports of any serious injuries or deaths of children occurring in child care to Child Care Licensing through Public Health within 24 hours of the incident. They are to call their assigned Child Care Licensing Specialist and this information is entered into the report shown on the website. CCDF providers who are not licensed must submit reports of any serious injuries or deaths of children occurring in child care to their assigned Resource Developer through the Child Care Subsidy Program. These reports must also be completed within 24 hours of the incident, and is documented on the report available on the website.

b) The definition of "substantiated child abuse" used by the Lead Agency for this requirement.

Child abuse is substantiated by the Lead Agency when the preponderance of the evidence indicates that it is more likely than not that child abuse or neglect occurred.

c) The definition of "serious injury" used by the Lead Agency for this requirement.

A serious injury is defined as any accident or injury to a child which requires hospitalization or treatment at a medical facility.

d) The website link to the page where the aggregate number of serious injuries, deaths, and substantiated instances of child abuse are posted.

<http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

2.3.9 The consumer education website should include contact information on referrals to local child care resource and referral organizations. How does the Lead Agency provide referrals to local CCR&R agencies through the consumer education website? Describe and include a website link to this information:

Access to the Nebraska's Child Care Resource and Referral page can be accessed from the CCDF main page <http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx> then PARENT tab > RESOURCES > NEBRASKA RESOURCE AND REFERRAL SYSTEM (NRRS) > click on the blue highlighted link in the description. The direct link for the Nebraska's Child Care Resource and Referral page is <https://nrrs.ne.gov/>

Effective Date: 09/10/2019

2.3.10 The consumer education website should include information on how parents can contact the Lead Agency, or its designee, or other programs that can help the parent understand information included on the website. Describe and include a website link to this information:

Contact information is located on the Lead Agency's consumer education website for the Lead Agency as well as other resources. <http://dhhs.ne.gov/Pages/Child-Care-Parents.aspx>

Effective Date: 09/10/2019

2.3.11 Provide the website link to the Lead Agency's consumer education website. Note: An amendment is required if this website changes.

http://dhhs.ne.gov/children_family_services/ChildCare/Pages/Home.aspx

Effective Date: 10/01/2018

2.3.12 Other. Identify and describe the components that are still pending per the instructions on CCDF Plan Response Options for Areas where Implementation is Still in Progress in the Introduction.

N/A

Effective Date: 10/01/2018

2.4 Additional Consumer and Provider Education

Lead Agencies are required to certify that they will collect and disseminate information about the full diversity of child care services to promote parental choice to parents of eligible children, the general public, and where applicable, child care providers. In addition to the consumer education website, the consumer education information can be provided through CCR&R organizations or through direct conversations with eligibility case workers and child care providers. Outreach and counseling can also be effectively provided via information sessions or intake processes for families (658E(c)(2)(E); 98.15(b)(4); 98.33(b)).

In questions 2.4.1 through 2.4.5, certify by describing:

2.4.1 How the Lead Agency shares information with eligible parents, the general public, and where applicable, child care providers about the availability of child care services provided through CCDF and other programs for which the family may be eligible, such as state preK, as well as the availability of financial assistance to obtain child care services. At a minimum, describe what is provided (e.g., such methods as written materials, the website, and direct communications) and how information is tailored for these audiences.

The consumer website offers information to eligible parents, general public, and other interested parties about the availability of child care accepting child care subsidy, as well as other child care programs. Eligible parents are also offered a printed copy of the child care roster if requested when they become eligible. Social Service Workers assisting eligible parents are also able to identify providers in the family's area while completing the eligibility process via phone or in person. The general public and child care providers are able to learn more about Child Care Subsidy at 1-800-383-4278, or visit a local DHHS office to get more information.

Effective Date: 10/01/2018

2.4.2 The partnerships formed to make information about the availability of child care services available to families.

Partnerships with Nebraska Department of Education, Headstart and Early Headstart, Nebraska's Children and Families Foundation, Public Health, and Child and Family Services-Protection and Safety provide the opportunity to get information regarding Child Care Subsidy to families in need or financial assistance to obtain child care services. These partners are familiar with the consumer education website, help ensure quality in child care provider programs, and are able to make suggestions to continuously improve access of information.

Effective Date: 10/01/2018

2.4.3 How the Lead Agency provides the required information about the following programs and benefits to the parents of eligible children, the general public, and where applicable, providers. In the description include, at a minimum, what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners who assist in providing this information.

Effective Date: 10/01/2018

Temporary Assistance for Needy Families program:

Aid to Dependent Children (ADC) which is Nebraska's TANF program, is included on the ACCESSNebraska application and program information is located on the DHHS Economic and Family Support webpage, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. The child care consumer education website also links to Nebraska's TANF website to receive more information.

Head Start and Early Head Start programs:

Nebraska has a state and local approach for outreach efforts to share information about Head Start to families, providers, and the general public. At each of the 23 Early Head Start/Headstart (EHS/HS) locations, the grantee is required to conduct outreach and public awareness to recruit families and seek referrals for enrollment. This is done through community activities and the distribution of eligibility materials. The State Head Start Collaboration Office partners with state and private agencies to increase awareness of EHS/HS and its services statewide. Nebraska also has 28 regional Early Childhood Planning Region Teams (PRT) that function as interagency coordinating councils. Part of their work is to identify and address local gaps and barriers to services for children birth to five and their families. This includes providing information on services for low-income families, such as EHS/HS, to the general public, local families and providers. EHS/HS website is <http://www.education.ne.gov/oec/hssco.html>.

Low Income Home Energy Assistance Program (LIHEAP):

LIHEAP is included on the ACCESSNebraska application and program information is located on the DHHS Economic and Family Support website, where child care is also

located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. The child care consumer education website also links to Nebraska's LIHEAP website to receive more information.

[Supplemental Nutrition Assistance Programs \(SNAP\) Program:](#)

SNAP is included on the ACCESSNebraska application and program information is located on the DHHS Economic and Family Support website, where child care is also located. Eligible families are also referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state. SNAP also sub-grants with Food Bank for the Heartland, which sub-grants with many community organizations across Nebraska to provide SNAP outreach. SNAP outreach is a service that identifies individuals who may be eligible for SNAP, then gives them information on how to apply for benefits. The child care consumer education website also links to Nebraska's SNAP website to receive more information.

[Women, Infants, and Children Program \(WIC\) program:](#)

The division of Public Health administers the WIC program and has subawards with 13 local agencies which provide services to over 100 clinics across Nebraska. These local agencies include local health departments, community action agencies, a hospital, and community-based non-profits. These local agencies make referrals to integrate services with local programs available to families with young children. ACCESSNebraska also serves as a resource used by WIC local agencies for informing families of TANF, SNAP, Medicaid and child care subsidy benefits and how to apply. There is a link to various WIC offices on the Nebraska's CCR&R as well on the child care consumer education website.

[Child and Adult Care Food Program\(CACFP\):](#)

Child Care Providers who are currently participating in the CACFP inform eligible families of this program. The child care consumer education website also links to the CACFP for families and providers to receive more information.

[Medicaid and Children's Health Insurance Program \(CHIP\):](#)

Information and application for the Medicaid program is located on the ACCESSNebraska website, as well as linked from the child care consumer education website. Eligible families are referred to ACCESSNebraska by Nebraska's CCR&R and other vested agencies and partners across the state.

Programs carried out under IDEA Part B, Section 619 and Part C:

Early intervention and special education referrals can be completed by contacting Early Development Network of Nebraska. The child care website links to this website to ensure that the general public is aware of how to make a referral. A referral directory is provided to multiple agencies/providers through several website maintained by the Lead Agency and NDE.

2.4.4 Describe how the Lead Agency makes available to parents, providers, and the general public information on research and best practices concerning children's development, including physical health and development, particularly healthy eating and physical activity. Information about successful parent and family engagement should also be shared. At a minimum, include what information is provided, how the information is provided, and how the information is tailored to a variety of audiences and include any partners in providing this information.

Nebraska Department of Education (NDE) office of Early Childhood and the Lead Agency provide resources to families through: the CCR&R Specialist who is located at the Early Childhood Training Center, the Office of Early Childhood website, information is disseminated at public events, and through trainings held across the state and online. Written materials are provided through the NDE website, in person at community events, and by mail following a written or phone request. Examples of materials include:

- Early Learning Foundations, a parent companion piece to the Nebraska Early Learning Guidelines.
- The Early Development, and the Behavior has Meaning wheels.
- Ready for Success –What Families Want to Know about Starting School in Nebraska (available in Arabic, English, Karen, Somali, Spanish, and Vietnamese).
- We also provide copies of the parent brochure for Step Up to Quality that are disseminated widely to families across the state.

These are often given free of charge at community events. Quantities of some of the materials can be purchased at a price that covers shipping.

Information is also given to families through direct communication using the Child Care R&R line for parents and the child care information line for providers and the general public.

Families are given brochures about Step Up to Quality and directed to the geo-coded map on the Step Up to Quality website that can be clicked on to show child care providers who participate in Step Up to Quality, as well as the program rating and other information.

Nebraska Education Television's 'Ready to Learn' project reaches families across the state and the Head Start State Collaboration Office provides resources to families of young children in poverty. Nebraska's Nutrition and Physical Activity Self-Assessment for Child Care (Go NAP SACC) assists providers in providing education to support children's healthy eating and physical activities. Go NAP SACC offers in-service hours, nutrition and physical activity resources to use for their program and for parent education, one-on-one mentoring from trainers, and continuing education opportunities. The materials given to providers who receive training in Go NAP SACC are as follows:

- Early Care Matters: Obesity Prevention;
- Supporting Breastfeeding and Infant Feeding in Child Care;
- Nutrition for Young Children;
- Personal Health & Wellness;
- Infant & Child Physical Activity; and
- Growing Healthy Children Together: Promoting Family Engagement

Effective Date: 10/01/2018

2.4.5 Describe how information on the Lead Agency's policies regarding the social-emotional and behavioral issues and early childhood mental health of young children, including positive behavioral intervention and support models based on research and

best practices for those from birth to school age, are shared with families, providers, and the general public. At a minimum, include what information is provided, how the information is provided, and how information is tailored to a variety of audiences and include any partners in providing this information.

Nebraska has implemented Circle of Security training for families throughout the state through Early Learning Connection (ELC) networks as well as Planning Region Teams funded through IDEA Part C. Providers are given general information about social and emotional development through Nebraska Early Learning Guidelines (ELG) and can be accessed through the NDE Office of Early Childhood website. Nebraska uses The Pyramid Model for Supporting Social Emotional Competence in Infant and Young Children with child care providers, school district early childhood programs, and Head Start classrooms. The Pyramid Model training for child care providers is offered through initiatives such as Rooted in Relationships and Nurturing Healthy Behaviors. The Pyramid Model implements coaching and mental consultation with involved programs as necessary. Rock Solid Foundations: Promoting Social Emotional Competence of Young Children trainings are offered by extension educators and sponsored by ELC Partnerships throughout Nebraska. These and other mental health trainings are embedded into Step Up to Quality, Nebraska's QRIS.

Effective Date: 10/01/2018

2.4.6 Describe the Lead Agency's policies to prevent the suspension and expulsion of children from birth to age 5 in child care and other early childhood programs receiving CCDF funds (98.16(ee)), including how those policies are shared with families, providers, and the general public.

All child care programs are required to have written policies regarding suspension and expulsion of children from their program. It is required that these policies describe the conditions for suspending and terminating care are written and available to parents and the Lead Agency. Child Care Licensing enforces if the provider has a policy. If Licensing receives a complaint about a child being suspended or terminated, the program may be evaluated if they followed their stated policy. This does not apply for the License Exempt provider, as in Nebraska, it only consists of the family/friend/neighbor population.

Providers are offered training through the Pyramid Model, Nebraska Early Learning Guidelines, and local Planning Regional Teams for social/emotional training. These trainings help providers understand the importance of early childhood environments and supporting challenging behaviors of children. Outcomes of these trainings should reflect a reduction in suspension and expulsions and greater understating in the classroom. The Nebraska Department of Education has a committee collecting data regarding how many children between the ages of 3-5 are being expelled or suspended from child care and school age programs to meet the federal reporting requirements for IDEA Part B. This committee is developing an infographic detailing the impact of expulsion and suspension on 3-5 year old's, which will be shared with child care providers once completed. There continue to be opportunities with various vested entities across Nebraska to continue to strengthen, educate, and create and implement trainings.

Effective Date: 10/01/2018

2.5 Procedures for Providing Information on Developmental Screenings

Lead Agencies are required to provide information on developmental screenings, including information on resources and services that the State can deploy, such as the use of the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program carried out under title XIX of the Social Security Act and developmental screening services available under IDEA Part B, Section 619 and Part C, in conducting those developmental screenings and in providing referrals to services for children who receive subsidies. Lead Agencies must also include a description of how a family or child care provider can use these resources and services to obtain developmental screenings for children who receive subsidies and who might be at risk of cognitive or other developmental delays, which can include social, emotional, physical, or linguistic delays (658E(c)(2)(E)(ii)). Lead Agencies are required to provide this information to eligible families during CCDF intake and to child care providers through training and education (98.33(c)).

2.5.1 Certify by describing:

Effective Date: 10/01/2018

a) How the Lead Agency collects and disseminates information on existing resources and services available for conducting developmental screenings to CCDF parents, the general public, and where applicable, child care providers (98.15(b)(3)).

The child care consumer education website provides a link to Nebraska's Early Development Network, along with an explanation of the services they provide. This link leads parents, providers, and the general public to a local contact number for their area. Nebraska's Early Development Network partners with physicians and the majority of referrals are made through medical professionals who see children 0-5 years old. Child care providers are given contact information from Nebraska's Early Development Network if they have concerns regarding a child's development who attends their program.

b) The procedures for providing information on and referring families and child care providers to the Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program - carried out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) - and developmental screening services available under Section 619 and Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.). CCDF parents and child care providers may make a referral to their local early intervention program for children ages 0-2 or the local school district for children ages 3-5. Once this referral is completed, the local program will conduct a screening/evaluation procedure, with parental consent, to determine if the child has an established developmental delay as defined by state regulations. These assessments will determine if the child is in need of IDEA services. Upon referral to NDE, the local early intervention program must conduct the screening, evaluation and Individualized Family Services Plan (IFSP) meeting within 45 days of the referral date. Upon referral to the Part B/619 program, the local school district must conduct the screening, and/or evaluation within 45 school days. If the child is determined to be in need of special education services, then an IEP meeting must be completed within 30 calendar days of the eligibility determination.

c) How the Lead Agency gives information on developmental screenings to parents receiving a subsidy as part of the intake process. Include the information provided, ways it is provided, and any partners in this work.

CCDF parents receive a notice of their authorization once they are determined eligible for services; this notice includes information on the importance of developmental screenings, as well as a contact number to receive further information including a parent screening tool. This information will also be provided on the revised application for services through ACCESSNebraska.

d) How CCDF families or child care providers receiving CCDF can use the available resources and services to obtain developmental screenings for CCDF children at risk for cognitive or other developmental delays.

Families receiving CCDF are given a contact number on their child care authorization with DHHS to receive further information on developmental screenings. When families call this number, they are given information on how to make a referral the Nebraska's Early Development Network in addition to a parental screening tool to use to initially determine if their child may have a delay. Child care providers are also able to make referrals to Nebraska's Early Development Network if they believe a child in their care may be at risk for cognitive or other developmental delays. The contact information is available through their website or linked through the child care consumer education website.

e) How child care providers receive this information through training and professional development.

Local Planning region teams provide training and information regarding children suspected of having a disability. Additionally, information is available from the Early Development Network/Answers4families (<http://edn.ne.gov/cms/what-is-early-intervention>) regarding procedures for requesting a developmental screening.

f) Provide the citation for this policy and procedure related to providing information on developmental screenings.

1.) Nebraska Department of Education Early Intervention Regulations (for children birth to 3): Rule 52-006.02A Except as provided in 92 NAC 52-006.02B, school districts and approved cooperatives shall complete any screening under 92 NAC 52-006.03 (if the parent consents); the initial evaluation and the initial assessments of the child and the

family under 92 NAC 52-006.05; and shall participate in the initial Individualized Family Service Plan (IFSP) meeting under 92 NAC 52-007.03 within 45 calendar days from the date of referral;

2.) DHHS Early Intervention Service Coordination Regulations: 480 NAC 3-005.03 Post-Referral Timelines: The screening, evaluation, and assessment of the child, family assessment, and the IFSP meeting must take place within 45 calendar days of the referral to a Public Agency;

3.) Nebraska Department of Education IDEA Part B Regulations (for children ages 3-21): Rule 51-009.04A1 The initial multidisciplinary team evaluation shall be completed within 45 school days of receiving parental consent for the evaluation; and 4.) Rule 51-007.09A A meeting to develop an IEP for a child must be held within thirty (30) calendar days of determination that the child needs special education and related services.

2.6 Consumer Statement for Parents Receiving CCDF Funds

Lead Agencies must provide CCDF parents with a consumer statement in hard copy or electronically (such as referral to a consumer education website) that contains specific information about the child care provider they select. This information about the child care provider selected by the parent includes health and safety requirements met by the provider, any licensing or regulatory requirements met by the provider, the date the provider was last inspected, any history of violations of these requirements, and any voluntary quality standards met by the provider. It must also describe how CCDF subsidies are designed to promote equal access, how to submit a complaint through a hotline, and how to contact local resource and referral agencies or other community-based supports that assist parents in finding and enrolling in quality child care (98.33(d)). Please note that if the consumer statement is provided electronically, Lead Agencies should consider how to ensure that the statement is accessible to parents and that parents have a way to contact someone to address questions they have.

2.6.1 Certify by describing:

Effective Date: 09/10/2019

a) How the Lead Agency provides parents receiving CCDF funds with a consumer statement.

Families will be provided with a consumer statement by providing a link to the Nebraska

Child Care Subsidy website that lists provider specific information. The website above will allow the provider to search the Lead Agency's Child Care Main Page, which provides information on how to obtain specific provider information such as inspection and violation reports; state subsidy and licensing regulations; parent and community resources for quality, development, and other supports; and information specific to the CCDF program.

b) What is included in the statement, including when the consumer statement is provided to families.

The following statement is provided to families via an electronic link in their child care subsidy approval notice and provides the consumer with access to obtain provider specific information.

"Our website offers important information to help parents make informed decisions about their child's care and providers tools and resources for providers to help prepare and increase quality within their program." <http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

c) Provide a link to a sample consumer statement or a description if a link is not available.

The follow statement will be on all child care authorizations: "Our website offers important information to help parents make informed decisions about their child's care and provider tools and resources for providers to help prepare and increase quality within their program." <http://dhhs.ne.gov/Pages/Search-for-Child-Care-Providers.aspx>

3 Provide Stable Child Care Financial Assistance to Families

In providing child care assistance to families, Lead Agencies are required to implement these policies and procedures: a minimum 12-month eligibility and redetermination periods, a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for a job search of not fewer than 3 months if the Lead Agency exercises the option to discontinue assistance, and policies for the

graduated phase-out of assistance. Also, procedures for the enrollment of homeless children and children in foster care, if served, pending the completion of documentation, are required.

Note: Lead Agencies are not prohibited from establishing policies that extend eligibility beyond 12 months to align program requirements. For example, Lead Agencies can allow children enrolled in Head Start, Early Head Start, state or local prekindergarten, and other collaborative programs to finish the program year. This type of policy promotes continuity for families receiving services through multiple benefit programs.

In this section, Lead Agencies will identify how they define eligible children and families and how the Lead Agency improves access for vulnerable children and families. This section also addresses the policies that protect working families and determine a family's contribution to the child care payment.

3.1 Eligible Children and Families

At the time when eligibility is determined or redetermined, children must (1) be younger than age 13; (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size and whose family assets do not exceed \$1,000,000 (as certified by a member of said family); and (3)(a) reside with a parent or parents who are working or attending a job training or educational program or (b) receives, or needs to receive, protective services and resides with a parent or parents not described in (3)(a.) (658P(4)).

3.1.1 Eligibility criteria based on a child's age

Effective Date: 10/01/2018

a) The CCDF program serves children

from 0

(weeks/months/years)

through 12

years (under age 13). . Note: Do not include children incapable of self-care or under

court supervision, who are reported below in (b) and (c).

b) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are physically and/or mentally incapable of self-care?(658E(c)(3)(B), 658P(3))

- No
 Yes,

and the upper age is 18

(may not equal or exceed age 19).

If yes, Provide the Lead Agency definition of physical and/or mental incapacity: A child who has been diagnosed by a physician, PA, nurse practitioners, licensed/certified psychologist, or LMPH will be considered to be special needs if the child's independence, self-sufficiency and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to a behavioral or emotional disorder which deviates substantially from behavior appropriate to his/her child's age, or physical handicap or health impairment that causes chronic or acute health problems.

c) Does the Lead Agency allow CCDF-funded child care for children age 13 and above but below age 19 years who are under court supervision? (658P(3), 658E(c)(3)(B))

- No.
 Yes

and the upper age is 18

(may not equal or exceed age 19)

d) How does the Lead Agency define the following eligibility terms?

"residing with":

Household members who live with the child.

"in loco parentis":

An adult who is legally responsible for a child in the place of a parent.

3.1.2 Eligibility criteria based on reason for care

Effective Date: 10/01/2018

a) How does the Lead Agency define "working or attending a job training and educational program" for the purposes of CCDF eligibility at the time of determination? Provide the definitions below for:

"Working":

Having and attending paid employment.

"Job training":

Training that prepares an employee to do their job effectively.

"Education":

Regularly attending vocational or educational training to attain a high school or equivalent diploma or an undergraduate degree or certificate (including ESL classes).

"Attending job training or education" (e.g. number of hours, travel time):

Determined by the schedule provided by the client. Travel time includes one additional hour per day, unless documentation is provided supporting more than one hour.

3.1.2 Eligibility criteria based on reason for care

b) Does the Lead Agency allow parents to qualify for CCDF assistance on the basis of education and training participation alone (without additional minimum work requirements)?

No.

If no, describe the additional work requirements:

Yes.

If yes, describe the policy or procedure:

Verified education and training participation is an allowable need for service and CCDF/Subsidy assistance would be approved, pending other eligibility factors.

3.1.2 Eligibility criteria based on reason for care

c) Does the Lead Agency consider seeking employment (engaging in a job search) an eligible activity at initial eligibility determination (at application) and at the 12-month eligibility redetermination? (Note: If yes, Lead Agencies must provide a minimum of three months of job search)

No.

Yes.

If yes, describe the policy or procedure. (including any differences in eligibility at initial eligibility determination vs. redetermination of eligibility):

Effective 09/30/19, an individual is only eligible for job search after losing employment or their educational program ends. An individual is automatically eligible for 3 months of child care, at the same level of care, while seeking job searching.

3.1.2 Eligibility criteria based on reason for care

d) Does the Lead Agency provide child care to children in protective services?

No.

Yes. If yes:

i. Please provide the Lead Agency's definition of "protective services":

Protective services is a government agency charged with the supervision and protection of children at risk from abuse and neglect, and children who have been made state wards which includes out-of-home placement. Parents/foster parents of children involved in protective services must meet a need for service in order to receive Child Care Subsidy. For the purposes of eligibility, the Lead Agency defines protective services as children who are state wards residing in an out-of-home placement and/or children who are state wards residing in their own home who would not be eligible for Subsidy due to income, but have a case plan showing family preservation.

Note: Federal requirements allow other vulnerable children identified by the Lead Agency not formally in child protection to be included in the Lead Agency's definition of protective services for CCDF purposes. A Lead Agency may elect to provide CCDF-funded child care

to children in foster care when foster care parents are not working or are not in education/training activities, but this provision should be included in the protective services definition above.

ii. Are children in foster care considered to be in protective services for the purposes of eligibility at determination?

No

Yes

iii. Does the Lead Agency waive the income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis (658E(c)(5))?

No

Yes

iv. Does the Lead Agency provide respite care to custodial parents of children in protective services?

No

Yes

3.1.3 Eligibility criteria based on family income. Note: The question in 3.1.3 relates to initial determination. Redetermination is addressed in 3.1.7.

Effective Date: 09/10/2019

a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?

Money, either earned (i.e. employment) or unearned (i.e. child support), by the client.

b) Provide the CCDF income eligibility limits in the table below at the time of initial determination. Complete columns (a) and (b) based on maximum eligibility at initial entry into CCDF. Complete columns (c) and (d) *only if* the Lead Agency is using income eligibility limits lower than 85 percent of the current state median income (SMI) at the initial eligibility determination point. Fill in the chart based on the most populous area of the state (the area serving the highest number of CCDF children). If the income eligibility limits are not statewide, please respond to c) below the table.

	(a)	(b)	(c)	(d)
Family Size	100% of SMI(\$/Month)	85% of SMI (\$/Month) [Multiply (a) by 0.85]	(IF APPLICABLE) (\$/Month) Maximum Initial or First Tier Income Limit (or Threshold) if Lower Than 85% of Current SMI	IF APPLICABLE) (% of SMI) [Divide (c) by (a), multiply by 100] Income Level if Lower Than 85% of Current SMI
1	N/A	N/A	N/A	N/A
2	\$4,878	\$4,146	\$1,832	38%
3	\$6,026	\$5,122	\$2,311	38%
4	\$7,173	\$6,097	\$2,790	39%
5	\$8,321	\$7,073	\$3,268	39%

c) If the income eligibility limits are not statewide, describe how many jurisdictions set their own income eligibility limits and provide the income limit ranges across the jurisdictions (e.g. range from [lowest limit] to [highest limit])(98.16(i)(3)).

N/A

Reminder: Income limits must be established and reported in terms of current SMI based on the most recent data published by the Bureau of the Census (98.20(a)(2)(i)) even if the federal poverty level is used in implementing the program. SMI guidelines are available at: <https://www.acf.hhs.gov/ocs/resource/liheap-im2017-03>.

d) SMI source and year. 2017 Federal Register

e) Identify the most populous area of the State used to complete the chart above.

N/A- Income limits are throughout the entire state.

f) What was the date (mm/dd/yyyy) that these eligibility limits in column (c) became effective? 07/01/2019

g) Provide the citation or link, if available, for the income eligibility limits.

<http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>

3.1.4 Lead Agencies are required to ensure that children receiving CCDF funds do not have family assets that exceed \$1,000,000, as certified by a family member (98.20(a)(2)(ii)).

Effective Date: 10/01/2018

a) Describe how the family member certifies that family assets do not exceed \$1,000,000 (e.g., a checkoff on the CCDF application).

An applicant would indicate this on the CCDF application.

b) Does the Lead Agency waive the asset limit on a case-by-case basis for families defined as receiving, or in need of, protective services?

No.

Yes.

If yes, describe the policy or procedure and provide citation:

3.1.5 Describe any additional eligibility conditions or priority rules applied by the Lead Agency during eligibility determination or redetermination (98.20(b)).

Elements of Eligibility: In order to receive Child Care Subsidy, the family must:

- (i) Qualify as a family;
- (ii) Meet citizenship or alien status requirements for the child(ren);
- (iii) Qualify as residents;
- (iv) Meet income limits;
- (v) Have a child within the age limit;
- (vi) Have at least one of the allowed needs for service;
- (vii) Pay the fee (if required);
- (viii) Use a regulated provider;
- (ix) Agree to obtain immunizations for the child(ren); and
- (x) Cooperate with the Child Support Enforcement Unit, if required.

Effective Date: 10/01/2018

3.1.6 Lead Agencies are required to take into consideration children's development and promote continuity of care when authorizing child care services (98.21(f); 98.16(h)(6)). Check the approaches, if applicable, that the Lead Agency uses when considering

children's development and promoting continuity of care when authorizing child care services.

Effective Date: 10/01/2018

- Coordinating with Head Start, prekindergarten, or other early learning programs to create a package of arrangements that accommodates parents' work schedules
- Inquiring about whether the child has an Individualized Education Program (IEP) or Individual Family Services Plan (IFSP)
- Establishing minimum eligibility periods greater than 12 months
- Using cross-enrollment or referrals to other public benefits
- Working with IDEA Part B, Section 619 and Part C staff to explore how services included in a child's IEP or IFSP can be supported and/or provided onsite and in collaboration with child care services
- Providing more intensive case management for families with children with multiple risk factors;
- Implementing policies and procedures that promote universal design to ensure that activities and environments are accessible to all children, including children with sensory, physical, or other disabilities
- Other.

Describe:

3.1.7 Policies and processes for graduated phase-out of assistance at redetermination.

Effective Date: 07/01/2020

Lead Agencies are required to provide for a graduated phase-out of assistance for families whose income has increased above the state's initial income threshold at the time of redetermination but remains below the federal threshold of 85 percent of the state median income. Providing a graduated phase-out promotes continuity by allowing for wage growth, allows for a tapered transition out of the child care subsidy program as income increases, and supports long-term self-sufficiency for families.

- i. 85 percent of SMI for a family of the same size

ii. An amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold that:

(A) Takes into account the typical household budget of a low-income family

(B) Provides justification that the second eligibility threshold is:

(1) Sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability

(2) Reasonably allows a family to continue accessing child care services without unnecessary disruption.

At redetermination, a child shall be considered eligible if his or her parents are working or attending a job training or educational program even if their income exceeds the Lead Agency's income limit to initially qualify for assistance as long as their income does not exceed the second tier of eligibility (98.21(a); 98.21(b)(1)). Note that once deemed eligible, the family shall be considered eligible for a full minimum 12-month eligibility period, even if their income exceeds the second tier of eligibility during the eligibility period, as long as it does not exceed 85 percent of SMI.

A family eligible for services via the graduated phase-out of assistance is considered eligible under the same conditions as other eligible families with the exception of the copayment restrictions, which do not apply to a graduated phase-out. To help families transition off of child care assistance, Lead Agencies may gradually adjust copay amounts for families whose children are determined eligible under a graduated phase-out and may require additional reporting on changes in family income. However, Lead Agencies must still ensure that any additional reporting requirements do not constitute an undue burden on families.

Effective Date: 07/01/2020

a) Check and describe the option that best identifies the Lead Agency's policies and procedures regarding the graduated phase-out of assistance.

N/A - The Lead Agency sets its initial eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

N/A - The Lead Agency sets its exit eligibility threshold at 85 percent of SMI and, therefore, is not required to provide a graduated phase-out period.

The Lead Agency sets the second tier of eligibility at 85 percent of SMI.
Describe the policies and procedures.

Provide the citation for this policy or procedure.

- The Lead Agency sets the second tier of eligibility at an amount lower than 85 percent of SMI for a family of the same size but above the Lead Agency's initial eligibility threshold.

Provide the second tier of eligibility for a family of three.

Amendment 3.1.7: The 2020 federal poverty guidelines are in effect as of January 15, 2020. The family income eligibility for child care subsidy is adjusted, effective July 1, 2020, to reflect the FY20 federal poverty guidelines. For a family of three, eligibility is changed to \$2,353 (130% FPL) to \$3,349 (185% FPL).

Describe how the second eligibility threshold:

- i. Takes into account the typical household budget of a low-income family:

The family income connects to the Federal Poverty Levels (FPL) and adjusted annually for the new FPL amounts. Ten percent of a household's gross earned income shall be disregarded after the household has received Child Care Subsidy for a period of twelve continuous month and at each subsequent redetermined. This is found at: Nebraska Revised Statute 68-1206.

- ii. Is sufficient to accommodate increases in family income over time that are typical for low-income workers and that promote and support family economic stability:

Once a family is determined eligible and child care is authorized for a 12 to 18 month certification period. If a family's income exceeds 185% FPL during their certification period, they will continue to remain eligible for child care through the remainder of their certification period so long as their income remains under 85% of the State Median Income (SMI). At re-determination, families are determined eligible as long as they still have a need for service and their income is under the second set tier of 185% FPL. If their income exceeds 85% SMI, child care subsidy is closed and they are no longer eligible. This is found at Nebraska Revised Statute 68-1206. The family income connects to the FPL and adjusted annually for the new FPL amounts. Starting 9/2019, the 24 month time limit was removed from Nebraska Revised Statute 68-1206.

iii. Reasonably allows a family to continue accessing child care services without unnecessary disruption:

Once a family is determined eligible and child care is authorized for a 12 to 18 month certification period. If a family's income exceeds 185% FPL during their certification period, they will continue to remain eligible for child care through the remainder of their certification period so long as their income remains under 85% of the State Median Income (SMI). At re-determination, families are determined eligible as long as they still have a need for service and their income is under the second set tier of 185% FPL. If their income exceeds 85% SMI, child care subsidy is closed and they are no longer eligible. This is found at Nebraska Revised Statute 68-1206. The family income connects to the FPL and adjusted annually for the new FPL amounts. Starting 9/2019, the 24 month time limit was removed from Nebraska Revised Statute 68-1206.

iv. Provide the citation for this policy or procedure:

This is found at Nebraska Revised Statute 68-1206 and <http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>

Other.

Identify and describe the components that are still pending per the instructions on *CCDF Plan Response Options for Areas where Implementation is Still in Progress* in the Introduction.

3.1.7 b) To help families transition from assistance, does the Lead Agency gradually adjust copays for families eligible under the graduated phase-out period?

No

Yes

i. If yes, describe how the Lead Agency gradually adjusts copays for families under a graduated phase-out.

Amendment 3.1.7 b): Effective April 1, 2020, family co-pays are adjusted based on reported income changes. Family co-pays can decrease during a certification period; they cannot increase.

ii. If yes, does the Lead Agency require additional reporting requirements during the graduated phase-out period? (Note: Additional reporting requirements are also discussed in section 3.3.3 of the plan.)

No.

Yes.

Describe:

Income is required to be reported during the graduated phase-out period.

3.1.8 Fluctuation in earnings.

Lead Agencies are required to demonstrate how their processes for initial determination and redetermination take into account irregular fluctuations in earnings (658E(c)(2)(N)(i)(II)). The Lead Agency must put in place policies that ensure that temporary increases in income, including temporary increases that can result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) from seasonal employment or other temporary work schedules, do not affect eligibility or family copayments (98.21(c)). Check the processes, if applicable, that the Lead Agency uses to take into account irregular fluctuations in earnings and describe, at a minimum, how temporary increases that result in a monthly income exceeding 85 percent of SMI (calculated on a monthly basis) do not affect eligibility or family copayments.

Effective Date: 10/01/2018

Average the family's earnings over a period of time (i.e. 12 months).

Describe:

Request earning statements that are most representative of the family's monthly income.

Describe:

Deduct temporary or irregular increases in wages from the family's standard income level.

Describe:

Other.

Describe:

The child care programs requires at least 30 consecutive days of income in order to

determine eligibility. If the 30 days is not reflective due to a change in circumstance or inconsistent instance of pay, more than 90 days or a new pay schedule can be used. By using 90 days of income, the program can average 3 months of income or the worker is allowed to exclude unusually high/low paystubs as long as 30 days is used to determine eligibility.

3.1.9 Lead Agencies are required to have procedures for documenting and verifying that children receiving CCDF funds meet eligibility criteria at the time of eligibility determination and redetermination (98.68(c)). Check the information that the Lead Agency documents and verifies and describe, at a minimum, what information is required and how often. Check all that apply.

Effective Date: 10/01/2018

Applicant identity.

Describe:

Client declaration at the time of initial application.

Applicant's relationship to the child.

Describe:

Birth certificates and/or legal documents are required to verify the parent's relationship to the child. Verification for other applicant's (i.e. grandparents, aunt/uncles, etc.) can consist of birth certificates, legal documents, adoption/guardianship papers, or notarized statements would be accepted. The eligibility and case management system receives an interface from Vital Statistic for all children born in Nebraska.

Documentation used to verify relationship is narrated and scanned in the applicant's case. If verification cannot be obtained, the case is referred to the policy unit for review and research of family relationships. The Lead Agency will help family members obtain out of state birth certificates at the time of initial application.

Child's information for determining eligibility (e.g., identity, age, citizen/immigration status).

Describe:

Verified through birth certificates and/or legal documents/citizenship documents at the

time of initial application.

[Work.](#)

[Describe:](#)

Verified through paystubs, employer statement, or a collateral contact with the employer at the time of initial application, redetermination and at time of a change report. This information is narrated in the applicant's case file and the document is scanned into the file.

[Job training or educational program.](#)

[Describe:](#)

Job training is verified by statement from employer/training coordinator. Educational program is verified through class schedule. This information is narrated in the applicant's case file and the document is scanned into it. This occurs at the time of initial application, redetermination and at time of a change report.

[Family income.](#)

[Describe:](#)

Verified through paystubs, employer records, statement from employer, and collateral contact with employer. Declaration can be taken for unearned income at the time of initial application, redetermination and at time of a change report.

[Household composition.](#)

[Describe:](#)

Client declaration is accepted and narrated in the case file at the time of initial application, redetermination and at time of a change report.

[Applicant residence.](#)

[Describe:](#)

Client declaration is accepted and narrated in the case file at the time of initial application, redetermination and at time of a change report.

[Other.](#)

Describe:

3.1.10 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Effective Date: 10/01/2018

Time limit for making eligibility determinations

Describe length of time:

30 days

Track and monitor the eligibility determination process

Other.

Describe:

None

3.1.11 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement.

Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child younger than age 6 (98.16(v); 98.33(f)).

Lead Agencies must coordinate with TANF programs to ensure that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the state/territory TANF agency in accordance with Section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care.

Note: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions: The Lead Agency (DHHS)

b) Provide the following definitions established by the TANF agency:

"Appropriate child care":

Care that is or can be licensed or approved by the CCDF/Subsidy program.

"Reasonable distance":

A round trip of two hours or less from home to the site of child care. If a normal round trip commuting time in the area is more than two hours, the round trip time shall not exceed the generally accepted community standard.

"Unsuitability of informal child care":

Unpaid care or personally arranged care by a friend or relative that would be unsafe or harmful to the child.

"Affordable child care arrangements":

Care at no cost to the client.

c) How are parents who receive TANF benefits informed about the exception to the individual penalties associated with the TANF work requirements?

In writing

Verbally

Other.

Describe:

d) Provide the citation for the TANF policy or procedure:

468 NAC 2-020.02 #7 and 2-020.02A

3.2 Increasing Access for Vulnerable Children and Families

Lead Agencies are required to give priority for child care assistance to children with special needs, which can include vulnerable populations, in families with very low incomes and to children experiencing homelessness (658E(c)(3)(B); 98.46(a)). The prioritization of CCDF assistance services is not limited to eligibility determination (i.e., the establishment of a waiting list or the ranking of eligible families in priority order to be served).

Note:

CCDF defines "child experiencing homelessness" as a child who is homeless, as defined in Section 725 of Subtitle VII-B of the McKinney-Vento Act (42 U.S.C. 11434a) (98.2).

3.2.1 Describe how the Lead Agency defines:

Effective Date: 10/01/2018

a) "Children with special needs":

Draft regulations, once passed, will define special needs to be if the child's independence, self-sufficiency and safety is dependent on others and requires extra supervision, care, or assistance in the child care setting due to the following behavioral, emotional, or physical conditions, including but not limited to:

1. The child has been diagnosed by a physician, physician assistants and nurse practitioners, licensed or certified psychologist, or licensed mental health practitioner; to have a behavioral or emotional disorder which deviates substantially from behavior appropriate to the his or her child's age, or which significantly interferes with intellectual, social, or personal adjustment;
2. A physical handicap or health impairment that causes chronic or acute health problems, that has been diagnosed by a physician, physician assistants and nurse practitioners practicing within his or her scope of practice. These can include but is not limited to: recovery from surgery, heart condition, orthopedic impairment, tuberculosis, epilepsy, cerebral palsy, leukemia or inherited abnormality.

Per current regulations, 392 NAC 1-003, Special Needs is defined as: Requirement for extra care because of an acute or chronic physical or mental condition. Acute special needs include temporary conditions that require special medical attention and isolation from other children, e.g., recovery from surgery, etc. Chronic special needs include long-standing medical or behavioral problems that require medical, behavioral or other

services at all times, e.g., medically fragile, attention deficit, etc. To be considered a child with a special need, the child must have one or more of the following conditions which are not related to chronological age:

1. Emotional impairment: including behavioral impairment, requiring special equipment or assistance;
2. Developmental age level lower than chronological age and requires assistance via special supervision;
3. Movement impairment: requires assistance or unable to move;
4. Sensory impairment: requires special environmental modifications or assistance;
5. Speech impairment: requires special equipment or assistance;
6. Hygiene: requires assistance or special equipment;
7. Feeding: requires special equipment or assistance;
8. Toileting: requires assistance or special equipment;
9. Medical conditions: requires respiratory aids or special procedures;
10. Therapy required: physical, occupational, speech, or respiratory;
11. Medications: requires assistance or special procedures.

Childhood diseases such as measles, chicken pox, flu, etc., are not considered special needs.

b) "Families with very low incomes":

A family unit whose income is under 100% of the Federal Poverty Level. These individuals are eligible for child care without payment of a fee.

3.2.2 Describe how the Lead Agency will prioritize or target child care services for the following children and families.

Effective Date: 10/01/2018

a) Identify how services are prioritized for children with special needs. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists

- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

b) Identify how services are prioritized for families with very low incomes. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

c) Identify how services are prioritized for children experiencing homelessness, as defined by the CCDF. Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists
- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

d) Identify how services are prioritized, if applicable, for families receiving TANF program funds, those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF (98.16(i)(4)). Check all that apply:

- Prioritize for enrollment
- Serve without placing these populations on waiting lists

- Waive copayments
- Pay higher rates for access to higher-quality care
- Use grants or contracts to reserve slots for priority populations
- Other.

Describe:

TANF families do not pay a copayment for child care.

3.2.3 List and define any other priority groups established by the Lead Agency.

There are no priority groups established in Nebraska due to all who apply and are eligible receive child care. Nebraska does not have a waiting list.

Effective Date: 10/01/2018

3.2.4 Describe how the Lead Agency prioritizes services for the additional priority groups identified in 3.2.3.

N/A; no priority groups are identified in Nebraska.

Effective Date: 10/01/2018

3.2.5 Lead Agencies are required to expend CCDF funds to (1) permit the enrollment (after an initial eligibility determination) of children experiencing homelessness while required documentation is obtained, (2) provide training and TA to child care providers and the appropriate Lead Agency (or designated entity) staff on identifying and serving homeless children and families (addressed in section 6), and (3) conduct specific outreach to homeless families (658E(c)(3); 98.51).

Effective Date: 10/01/2018

a) Describe the procedures to permit the enrollment of children experiencing homelessness while required documentation is obtained.

Citizenship is verified through either a birth certificate or a legally recognized documentation (i.e. Lawful Permanent Resident status or paperwork). Relationship verification is also required to determine child care eligibility. Citizenship is only required for the child receiving the service. The Lead Agency, when working with new applicants (homeless or not) born in Nebraska have internal access to Vital Statistics, which will can verify these requirements. Declaration can also be taken initially and extra time allowed to obtain verifications, so long as the applicant is cooperating during the initial request. The Lead Agency will request and pay for out of state birth certificates, if the applicant needs assistance.

b) Check, where applicable, the procedures used to conduct outreach for children experiencing homelessness (as defined by CCDF Rule) and their families.

- Lead Agency accepts applications at local community-based locations
- Partnerships with community-based organizations
- Partnering with homeless service providers, McKinney-Vento liaisons, and others who work with families experiencing homelessness to provide referrals to child care
- Other

Note: The Lead Agency shall pay any amount owed to a child care provider for services provided as a result of the initial eligibility determination, and any CCDF payment made prior to the final eligibility determination shall not be considered an error or improper payment (98.51(a)(1)(ii)).

3.2.6 Lead Agencies must establish a grace period that allows homeless children and children in foster care to receive CCDF assistance while providing their families with a reasonable time to take any necessary actions to comply with immunization and other health and safety requirements (as described in section 5). The length of such a grace period shall be established in consultation with the state, territorial, or tribal health agency (658E(c)(2)(I)(i)(I); 98.41(a)(1)(i)(C)).

Note:

Any payment for such a child during the grace period shall not be considered an error or improper payment (98.41(a)(1)(i)(C)(2)).

Effective Date: 10/01/2018

a) Describe procedures to provide a grace period to comply with immunization and other health and safety requirements, including how the length of the grace period was established in consultation with the state, territorial, or tribal health agency for:

Children experiencing homelessness (as defined by Lead Agency's CCDF)

Currently, all children have a 30 day grace period from the child's enrollment to provide a copy of the child's immunization record. Providers can direct families to the Lead Agency's Immunization Program website, with web pages specific for Child Care and for Children. Resources are available on the website and direct contact to the Immunization Program is also available.

Provide the citation for this policy and procedure.

392 NAC 3-011

Children who are in foster care.

Within 30 days of a child's enrollment, the provider must obtain a copy of the child's immunization record. Providers may be exempt of this requirement if the child's parent objects to immunization on religious grounds or if the child's health would be harmed by immunization and this is certified by a physician, certified nurse practitioner, or a physician assistant.

Provide the citation for this policy and procedure.

392 NAC 3-011

b) Describe how the Lead Agency coordinates with licensing agencies and other relevant state, territorial, tribal, and local agencies to provide referrals and support to help families with children receiving services during a grace period comply with immunization and other health and safety requirements (98.41(a)(1)(i)(C)(4)).

Currently, all children have a 30 day grace period from the child's enrollment to provide a copy of the child's immunization record.

c) Does the Lead Agency establish grace periods for other children who are not experiencing homelessness or in foster care?

No.

Yes.

Describe:

All children have a 30 day grace period from the child's enrollment to provide a copy of the child's immunization record.

3.3 Protection for Working Families

3.3.1 12-Month eligibility.

The Lead Agency is required to establish a minimum 12-month eligibility and redetermination period, regardless of changes in income (as long as the income does not exceed the federal threshold of 85 percent of the state median income) or temporary changes in participation in work, training, or educational activities (658E(c)(2)(N)(i) and (ii)).

This change means that a Lead Agency may not terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the state's income eligibility threshold, but not the federal threshold of 85 percent of SMI. The Lead Agency may not terminate assistance prior to the end of the 12-month period if a family experiences a temporary job loss or a temporary change in participation in a training or educational activity. A temporary change in eligible activity includes, at a minimum, any time-limited absence from work for an employed parent due to such reasons as the need to care for a family member or an illness; any interruption in work for a seasonal worker who is not working; any student holiday or break for a parent participating in a training or educational program; any reduction in work, training, or education hours, as long as the parent is still working or attending a training or educational program; any other cessation of work or attendance at a training or educational program that does not exceed 3 months or a longer period of time established by the Lead Agency; a child turning 13 years old during the 12-month eligibility period (except as described in 3.1.1); and any changes in residency within the state, territory, or tribal service area.

Effective Date: 04/15/2020

a) Describe the Lead Agency's policies and procedures in implementing the minimum 12-month eligibility and redetermination requirements, including when a family experiences

[a temporary change in activity.](#)

Current policies are pending regulatory approval.

Amendment - Temporary COVID-19 Policy/Procedure - 3.3.1 a: Due to the COVID-19 emergency regulations were related suspended for all child care cases that were due for review to redetermination child care eligibility in April 2020 and May 2020 were extended an additional 6 months (not to exceed a 24 months total eligibility period). No additional extensions occurred after May 2020.

[b\) How does the Lead Agency define "temporary change?"](#)

Temporary change may include but are not limited to: temporary job loss, absence from employment due to extended medical leave or changes in seasonal work schedule, time between semesters for enrolled training or educational program, sick leave, parental leave, reduction in hours, holiday or school breaks, change in age and change in residency within the state.

[c\) Provide the citation for this policy and/or procedure.](#)

Current Procedures given to field staff include: TEMPORARY CHANGE: If a parent is employed or enrolled in and regularly attending vocational or educational training, including job training and a temporary change occurs, the child remains eligible for child care during these times. The temporary change cannot exceed three months. Examples of a temporary change include:

- 1.) Time limited absences from work or training;
- 2.) Sick leave;
- 3.) Parental leave;
- 4.) Reduction in hours;
- 5.) Holiday or school breaks; and
- 6.) Other pauses in work or training.

All authorizations for employment, vocational or educational training or job training must indicate the following in the description: "BILL ACCORDING TO THE TERMS OF THE AGREEMENT FOR THE TIME THE CHILD ATTENDS. THE DEPT. WILL PAY ONLY FOR THE AMOUNT OF HOURS APPROVED ABOVE. CARE MAY CONTINUE AS AUTHORIZED DURING A TEMPORARY CHANGE."

3.3.2 Option to discontinue assistance during the 12-month eligibility period.

Lead Agencies have the option, but are not required, to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program, otherwise known as a parent's eligible activity (i.e., if the parent experiences a temporary change in his or her status as working or participating in a training or educational program, as described in section 3.3.1 of the plan).

If the Lead Agency chooses the option to discontinue assistance due to a parent's non-temporary loss or cessation of eligible activity, it must continue assistance at least at the same level for a period of not fewer than 3 months after each such loss or cessation for the parent to engage in a job search and to resume work or resume attendance in a job training or educational program. At the end of the minimum 3-month period of continued assistance, if the parent has engaged in a qualifying work, training, or educational program activity with an income below 85 percent of SMI, assistance cannot be terminated, and the child must continue receiving assistance until the next scheduled redetermination or, at the Lead Agency option, for an additional minimum 12-month eligibility period.

Effective Date: 09/30/2019

a) Does the Lead Agency choose to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss or cessation of eligible activity and offer a minimum 3-month period to allow parents to engage in a job search and to resume participation in an eligible activity?

No, the state/territory does not allow this option to discontinue assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of attendance at a job training or educational program.

Yes, the Lead Agency discontinues assistance during the 12-month eligibility period due to a parent's non-temporary loss of work or cessation of eligible activity and provides a minimum 3-month period of job search. If yes:

i. Provide a summary describing the Lead Agency's policies and procedures for discontinuing assistance due to a parent's non-temporary change:

Effective 09/30/19, a parent is automatically eligible for job search after losing employment or if their educational program ended. A parent is eligible for 3 months of child care, at the same level of care, while they are job searching.

ii. Describe what specific actions/changes trigger the job-search period.

Report of loss of employment obtained from the client.

iii. How long is the job-search period (must be at least 3 months)?

Effective 09/30/2019, parent is only eligible for job search after losing employment or their educational program ends. An parent is automatically eligible for 3 months of child care, at the same level of care, while seeking job searching.

iv. Provide the citation for this policy or procedure.

Current regulations reflect 2 months job search at 392 NAC 3-008.01. Per guidance document and for alignment of state and federal regulations a Department Guidance Document found at <http://dhhs.ne.gov/Pages/Guidance-Documents.aspx> was issued in 9/30/2019 to start 3 month job search. A regulatory public hearing for Title 392 is scheduled for October 25, 2019. Regulations proposed will change (in regulations) 2 month job search to 3 month job search.

b) The Lead Agency may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances. Check and describe any circumstances in which the Lead Agency chooses to discontinue assistance prior to the next 12-month redetermination. Check all that apply.

Not applicable.

Excessive unexplained absences despite multiple attempts by the Lead Agency or designated entity to contact the family and provider, including the prior notification of a possible discontinuation of assistance.

i. Define the number of unexplained absences identified as excessive:

ii. Provide the citation for this policy or procedure:

A change in residency outside of the state, territory, or tribal service area.

Provide the citation for this policy or procedure:

Regulations at 392 NAC 3-004 requires the client to be a resident of Nebraska to be eligible for services.

- Substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

Describe the violations that lead to discontinued assistance and provide the citation for this policy or procedure.

Intentional Program Violation (IPV): Any action by an individual to intentionally: A) Make a false statement, either verbally or in writing, to obtain benefits to which the individual is not entitled; B) Conceal information to obtain benefits to which the individual is not entitled; or C) Alter one or more documents to obtain benefits to which the individual is not entitled. Policy citation is 392 NAC 3-013.

3.3.3 Change reporting during the 12-month eligibility period.

The Lead Agency must describe the requirements for parents to report changes in circumstances during the 12-month eligibility period and describe efforts to ensure that such requirements do not place an undue burden on eligible families, which could impact the continuity of care for children and stability for families receiving CCDF services (98.16(h)(1)).

Note: Responses should exclude reporting requirements for a graduated phase-out, which were described in question 3.1.7(b).

Families are required to report a change to the Lead Agency at any time during the 12-month eligibility period if the family's income exceeds 85 percent of the state median income, taking into account irregular fluctuations in income (98.21(e)(1)). If the Lead Agency chooses the option to terminate assistance, as described in section 3.3.2 of the plan, they may require families to report a non-temporary change (as described in section 3.3.3 of the plan) in work, training or educational activities (otherwise known as a parent's eligible activity).

Effective Date: 10/01/2018

a) Does the Lead Agency require families to report a non-temporary change in a parent's eligible activity?

No

Yes

b) Any additional reporting requirements during the 12-month eligibility period must be limited to items that impact a family's eligibility (e.g., income changes over 85 percent of

SMI or that impact the Lead Agency's ability to contact the family or pay the child care providers (e.g., a family's change of address, a change in the parent's choice of child care provider).

Check and describe any additional reporting requirements required by the Lead Agency during the 12-month eligibility period. Check all that apply.

- Additional changes that may impact a family's eligibility during the 12-month period.

Describe:

- Changes that impact the Lead Agency's ability to contact the family.

Describe:

If the family has changed residences and this impacts the agency to properly pay for subsidy authorization the family will need to contact the Lead Agency for appropriate changes to made.

- Changes that impact the Lead Agency's ability to pay child care providers.

Describe:

The Lead Agency's ability to pay the provider impacts subsidy eligibility as the Lead Agency issues payments directly to the provider for authorized services.

Any additional reporting requirements that the Lead Agency chooses, as its option to require from parents during the 12-month eligibility period, shall not require an office visit. In addition, the Lead Agency must offer a range of notification options to accommodate families.

c) How does the Lead Agency allow for families to report changes to ensure that reporting requirements are not burdensome and to avoid an impact on continued eligibility between redeterminations? Check all that apply.

- Phone
 Email
 Online forms
 Extended submission hours
 Postal Mail
 FAX

In-person submission

Other.

Describe:

d) Families must have the option to voluntarily report changes on an ongoing basis during the 12-month eligibility period. Lead Agencies are required to act on information reported by the family if it will reduce the family's co-payment or increase the family's subsidy. Lead Agencies are prohibited from acting on information reported by the family that would reduce the family's subsidy unless the information reported indicates that the family's income exceeds 85 percent of SMI after considering irregular fluctuations in income or, at the option of the Lead Agency, the family has experienced a non-temporary change in eligible activity.

i. Describe any other changes that the Lead Agency allows families to report.

Families are allowed to report any changes at any time.

ii. Provide the citation for this policy or procedure.

392 NAC 1-004

3.3.4 Prevent the disruption of employment, education, or job training activities

Lead Agencies are required to have procedures and policies in place to ensure that parents (especially parents receiving assistance under the TANF program) are not required to unduly disrupt their employment, education, or job training activities to comply with the Lead Agency's or designated local entity's requirements for the redetermination of eligibility for assistance (658E(c)(2)(N)(ii); 98.21(d)).

Examples include developing strategies to inform families and their providers of an upcoming redetermination and the information that will be required of the family, pre-populating subsidy renewal forms, having parents confirm that the information is accurate, and/or asking only for the information necessary to make an eligibility redetermination. In addition, states and territories can offer a variety of family-friendly methods for submitting documentation for eligibility redetermination that considers the range of needs for families in accessing support (e.g. use of languages other than English, access to transportation, accommodation of parents working non-traditional hours, etc.).

Effective Date: 10/01/2018

a) Identify, where applicable, the Lead Agency's procedures and policies to ensure that parents (especially parents receiving TANF program funds) do not have their employment, education, or job training unduly disrupted to comply with the state/territory's or designated local entity's requirements for the redetermination of eligibility.

- Advance notice to parents of pending redetermination
- Advance notice to providers of pending redetermination
- Pre-populated subsidy renewal form
- Online documentation submission
- Cross-program redeterminations
- Extended office hours (evenings and/or weekends)
- Other.

Describe:

b) How are families allowed to submit documentation, described in 3.1.9, for redetermination? Check all that apply.

- Postal Mail
- Email
- Online forms
- FAX
- In-person submission
- Extended submission hours
- Other.

Describe:

Families can take a picture on their smart phone of the required documentation and send it as an email.

3.4 Family Contribution to Payments

Lead Agencies are required to establish and periodically revise a sliding-fee scale for CCDF families that varies based on income and the size of the family to determine each family's contribution (i.e., co-payment) that is not a barrier to families receiving CCDF funds (658E(c)(5)). In addition to income and the size of the family, the Lead Agency may use other

factors when determining family contributions/co-payments. Lead Agencies, however, may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Note: To help families transition off of child care assistance, Lead Agencies may gradually adjust co-pay amounts for families determined to be eligible under a graduated phase-out. However, section 3.4 applies only to families in their initial/entry eligibility period. See section 3.1.7 Graduated Phase-Out regarding co-pays during the graduated phase-out period.

3.4.1 Provide the CCDF co-payments in the chart below according to family size for one child in care.

Effective Date: 07/01/2020

a) Fill in the chart based on the most populous area of the State (area serving highest number of CCDF children).

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Lowest Initial or First Tier Income Level Where Family Is First Charged Co-Pay (Greater Than \$0)	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (a)?	The Co-Payment in Column (b) is What Percentage of the Income in Column (a)?	Highest Initial or First Tier Income Level Before a Family Is No Longer Eligible	What Is the Monthly Co-Payment for a Family of This Size Based on the Income Level in (d)?	The Co-Payment in Column (e) is What Percentage of the Income in Column (d)?
1	N/A	N/A	N/A	N/A	N/A	N/A
2	1,437	101	7%	1,868	131	7%
3	1,810	127	7%	2,353	165	7%
4	2,183	153	7%	2,838	199	7%
5	2,557	179	7%	3,324	233	7%

b) What is the effective date of the sliding-fee scale(s)? 07/01/2020

c) Identify the most populous area of the state used to complete the chart above.

N/A; all income is used the same across the state.

d) Provide the link to the sliding-fee scale: <http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>

e) If the sliding-fee scale is not statewide, describe how many jurisdictions set their own sliding-fee scale (98.16(i)(3)).

N/A

3.4.2 How will the family's contribution be calculated, and to whom will it be applied?

Check all that apply.

Effective Date: 07/22/2020

The fee is a dollar amount and:

- The fee is per child, with the same fee for each child.
- The fee is per child and is discounted for two or more children.
- The fee is per child up to a maximum per family.
- No additional fee is charged after certain number of children.
- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

Other.

Describe:

The fee is a percent of income and:

- The fee is per child, with the same percentage applied for each child.
- The fee is per child, and a discounted percentage is applied for two or more children.
- The fee is per child up to a maximum per family.
- No additional percentage is charged after certain number of children.

- The fee is per family.
- The contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1).

Describe:

- Other.

Describe:

3.4.3 Does the Lead Agency use other factors in addition to income and family size to determine each family's co-payment (658E(c)(3)(B))? Reminder ' Lead Agencies may NOT use cost of care or amount of subsidy payment in determining copayments (98.45(k)(2)).

Effective Date: 10/01/2018

- No.
- Yes, check and describe those additional factors below.
 - Number of hours the child is in care.

Describe:

- Lower co-payments for a higher quality of care, as defined by the state/territory.

Describe:

- Other.

Describe:

3.4.4 The Lead Agency may waive contributions/co-payments from families whose incomes are at or below the poverty level for a family of the same size (98.45(k)) or for families who are receiving or needing to receive protective services, as determined for purposes of CCDF eligibility, or who meet other criteria established by the Lead Agency (98.45(k)(4)). Does the Lead Agency waive family contributions/co-payments for any of the following? Check all that apply.

- No, the Lead Agency does not waive family contributions/co-payments.
- Yes, the Lead Agency waives family contributions/co-payments for families with an income at or below the poverty level for families of the same size.
- Yes, the Lead Agency waives family contributions/co-payments for families who are receiving or needing to receive protective services, as determined by the Lead Agency for purposes of CCDF eligibility.

Describe the policy and provide the policy citation.

Family who requires emergency Child Protective Services or requires Child Protective Family Services are eligible without regard to income, and not be required to have a co-payment. 392 3005.01E.

- Yes, the Lead Agency waives family contributions/co-payments for other criteria established by the Lead Agency.

Describe the policy and provide the policy citation.

Families who are eligible as Current Family (receiving TANF assistance) are automatically eligible for Child Care Subsidy with no co-payment. 392 NAC 3-005.01A.

4 Ensure Equal Access to Child Care for Low-Income Children

A core purpose of CCDF is to promote parental choice and to empower working parents to make their own decisions regarding the child care services that best suit their family's needs. Parents have the option to choose from center-based care, family child care or care provided in the child's own home. In supporting parental choice, the Lead Agencies must ensure that families receiving CCDF funding have the opportunity to choose from the full range of eligible child care settings and must provide families with equal access to child care that is comparable to that of non-CCDF families. Lead Agencies must employ strategies to increase the supply and to improve the quality of child care services, especially in underserved areas. This section addresses strategies that the Lead Agency uses to promote parental choice, ensure equal access, and increase the supply of child care. Note: In responding to questions in this section, the Office of Child Care (OCC) recognizes that each State/Territory identifies and defines its own categories and types of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories and types of care. For these questions, provide

responses that closely match the CCDF categories of care.

4.1 Parental Choice in Relation to Certificates, Grants, or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either receiving a child care certificate or, if available, enrolling his or her child with a provider that has a grant or contract for providing child care services (658E(c)(2)(A); 98.30(a)). Even if a parent chooses to enroll his or her child with a provider who has a grant or contract, the parent will select the provider, to the extent practicable. If a parent chooses to use a certificate, the Lead Agency shall provide information to the parent on the range of provider options, including care by sectarian providers and relatives. Lead Agencies must require providers chosen by families to meet health and safety standards and has the option to require higher standards of quality. Lead agencies are reminded that any policies and procedures should not restrict parental access to any type of care or provider (e.g. center care, home care, in-home care, for-profit provider, non-profit provider or faith-based provider, etc.) (98.15 (a)(5)).

4.1.1 Describe the child care certificate, including when it is issued to parents (before or after the parent has selected a provider) and what information is included on the certificate (98.16 (q)).

The Lead Agency issues a certificate of authorization when the parent has chosen an approved provider. The certificate includes the approval period, hours the parent is authorized for, the reason for care, the name of child(ren) approved for the care, and the number of units the provider is allowed to provide care.

Effective Date: 10/01/2018

4.1.2 Describe how the parent is informed that the child certificate allows the option to choose from a variety of child care categories, such as private, not-for-profit, faith-based providers; centers; FCC homes; or in-home providers (658E(c)(2)(A)(i); 658P(2); 658Q). Check all that apply.

Effective Date: 09/10/2019

- Certificate that provides information about the choice of providers
- Certificate that provides information about the quality of providers
- Certificate not linked to a specific provider, so parents can choose any provider
- Consumer education materials on choosing child care
- Referral to child care resource and referral agencies
- Co-located resource and referral in eligibility offices
- Verbal communication at the time of the application
- Community outreach, workshops, or other in-person activities
- Other.

Describe:

Lead Agency website: <http://dhhs.ne.gov/Pages/Child-Care-Parents.aspx> and <http://dhhs.ne.gov/licensure/Pages/Licensing-Home-Page.aspx>

4.1.3 Child care services available through grants or contracts.

Effective Date: 10/01/2018

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots (658A(b)(1))? Note: Do not check 'yes' if every provider is simply required to sign an agreement to be paid in the certificate program.

No. If no, skip to 4.1.4.

Yes, in some jurisdictions but not statewide.

If yes, describe how many jurisdictions use grants or contracts for child care slots.

Yes, statewide. If yes, describe:

i. How the Lead Agency ensures that parents who enroll with a provider who has a grant or contract have choices when selecting a provider:

ii. The type(s) of child care services available through grants or contracts:

iii. The entities that receive contracts (e.g., shared services alliances, CCR&R agencies, FCC networks, community-based agencies, child care providers):

iv. The process for accessing grants or contracts:

v. How rates for contracted slots are set through grants and contracts:

vi. How the Lead Agency determines which entities to contract with for increasing supply and/or improving quality:

vii. If contracts are offered statewide and/or locally:

4.1.3 Child care services available through grants or contracts.

b) Will the Lead Agency use grants or contracts for child care services to increase the supply and/or quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
 - Programs to serve infants and toddlers
 - Programs to serve school-age children
 - Programs to serve children needing non-traditional hour care
 - Programs to serve children experiencing homelessness
 - Programs to serve children in underserved areas
 - Programs that serve children with diverse linguistic or cultural backgrounds
 - Programs that serve specific geographic areas
 - Urban
 - Rural
 - Other
- Describe

N/A. The Lead Agency does not provide child care services through grants or contracts for child care slots. Question 4.1.3a states to skip to 4.1.4

4.1.3 Child care services available through grants or contracts.

c) Will the Lead Agency use grants or contracts for child care services to increase the quality of specific types of care? Check all that apply.

- Programs to serve children with disabilities
- Programs to serve infants and toddlers
- Programs to serve school-age children
- Programs to serve children needing non-traditional hour care
- Programs to serve homeless children
- Programs to serve children in underserved areas
- Programs that serve children with diverse linguistic or cultural backgrounds
- Programs that serve specific geographic areas
 - Urban
 - Rural
- Other
Describe

N/A. The Lead Agency does not provide child care services through grants or contracts for child care slots. Question 4.1.3a states to skip to 4.1.4

4.1.4 Certify by describing the Lead Agency's procedures for ensuring that parents have unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds (658E(c)(2)(B); 98.16(t)).

The Lead Agency has state regulations ensuring that parents have unlimited access to their child(ren) when the child is in care. Title 391 of Nebraska Administrative Code - Children's Services Licensing, states that the licensed child care provider must allow parents access to their children at all times that the children are in care; denial of immediate and unrestricted access to the licensed premises by parents may be basis for disciplinary action against the license. Title 392 of Nebraska Administrative Code – Child Care Subsidy Program, states that during the hours of operation, the home must be open to announce and unannounced visits by parents of all children for whom care is being provided. Parents must always have

access to their children at all times their children are in care.

Effective Date: 10/01/2018

4.1.5 The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use (98.16(i)(2)). Will the Lead Agency limit the use of in-home care in any way?

Effective Date: 04/15/2020

- No.
- Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
 - Restricted based on minimum the number of children in the care of the provider to meet the Fair Labor Standards Act (minimum wage) requirements.

Describe:

Providers are only allowed to care for children who live in the home in which care is being provided in. The limit would be set at the amount of children in the family composition.

Families are only eligible to have a provider come into their home if they meet one of the following criteria as stated at 392 NAC 3-010.01

1. The child has special needs;
2. The client needs child care during evening, overnights, weekends or holiday hours; or
3. There are three or more children in care.

Amendment - Temporary COVID-19 Policy/Procedure 4.1.5: Child care subsidy regulations for in-home child care (care provided in the home of the child) were suspended by Executive Order 20-18, April, 15 2020 to permit families who are eligible to participate in the child care subsidy program to obtain in-home child care when other child care options are unavailable. The amendment is in effect until 30 days after the state of emergency ends. At that time, the child care subsidy regulations for in-home care return to normal operations.

- Restricted based on the provider meeting a minimum age requirement. (A relative provider must be at least 18 years of age based on the definition of eligible child care provider (98.2).

Describe:

All providers must be age 19 or older.

- Restricted based on the hours of care (i.e., certain number of hours, non-traditional work hours).

Describe:

In-home care may be authorized if the client needs child care during evening, overnight, weekend, or holiday hours. Evening is defined as after 6 pm. All providers are limited a maximum of 18 hours in a 24 hour period and a maximum of 60 hours per week.

Amendment - Temporary COVID-19 Policy/Procedure - 4.1.5: Child care subsidy regulations for in-home child care (care provided in the home of the child) were suspended by Executive Order 20-18, April 15, 2020 to permit families who are eligible to participate in the child care subsidy program to obtain in-home child care when other child care options are unavailable. Eligible families are not required to be working during the evening, overnight, weekend or holiday hours. All providers are limited to a maximum of 18 hours in a 24-hour period and a maximum of 60 hours per week. The amendment is in effect until 30 days after the state of emergency ends. At that time, the child care subsidy regulations for in-home care return to normal operations.

- Restricted to care by relatives.

Describe:

- Restricted to care for children with special needs or a medical condition.

Describe:

In-home care may be authorized if a child has a special need or a childhood illness. The in-home provider may be an individual who lives with the child only if the child has a special need or a childhood illness.

Amendment - Temporary COVID-19 Policy/Procedure - 4.1.5: Child care subsidy regulations for in-home child care (care provided in the home of the child) were suspended by Executive Order 20-18, April 15, 2020 to permit families who are eligible to participate in the child care subsidy program to obtain in-home child care when other child care options are unavailable. Eligible families may receive services and are not required to have a child with special needs in the family. The in-home provider may be an individual who lives with the child in the home if the child has a special need or childhood illness. The amendment is in effect until 30 days after the state of emergency ends. At that time, the child care subsidy regulations for in-home care return to normal operations.

- Restricted to in-home providers that meet additional health and safety requirements beyond those required by CCDF.

Describe:

- Other.

Describe:

4.2 Assessing Market Rates and Child Care Costs

Lead Agencies have the option to conduct a statistically valid and reliable (1) market rate survey (MRS) reflecting variations in the price to parents of child care services by geographic area, type of provider, and age of child and/or (2) an alternative methodology, such as a cost estimation model (658E(c)(4)(B)). A cost estimation model estimates the cost of care by incorporating both data and assumptions to model what expected costs would be incurred by child care providers and parents under different cost scenarios. Another approach would be a cost study that collects cost data at the facility or program level to measure the costs (or inputs used) to deliver child care services. The MRS or alternative methodology must be developed and conducted no earlier than 2 years before the date of submission of the Plan.

Note - Any Lead Agency considering using an alternative methodology, instead of a market rate survey, is required to submit a description of its proposed approach to its ACF Regional Child Care Program Office for pre-approval in advance of the Plan submittal (see <https://www.acf.hhs.gov/occ/resource/ccdf-acf-pi-2016-08>). Advance approval is not required if

the Lead Agency plans to implement both a market rate survey and an alternative methodology. In its request for ACF pre-approval, a Lead Agency must:

- Provide an overview of the Lead Agency's proposed approach (e.g., cost estimation model, cost study/survey, etc.), including a description of data sources.
- Describe how the Lead Agency will consult with the State's Early Childhood Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, organizations representing child care caregivers, teachers and directors, and other appropriate entities prior to conducting the identified alternative methodology.
- Describe how the alternative methodology will use methods that are statistically valid and reliable and will yield accurate results. For example, if using a survey, describe how the Lead Agency will ensure a representative sample and promote an adequate response rate. If using a cost estimation model, describe how the Lead Agency will validate the assumptions in the model.
- If the proposed alternative methodology includes an analysis of costs (e.g., cost estimation model or cost study/survey), describe how the alternative methodology will account for key factors that impact the cost of providing care'such as: staff salaries and benefits, training and professional development, curricula and supplies, group size and ratios, enrollment levels, licensing requirements, quality level, facility size, and other factors.
- Describe how the alternative methodology will provide complete information that captures the universe of providers in the child care market.
- Describe how the alternative methodology will reflect variations by provider type, age of children, geographic location and quality.
- Describe how the alternative methodology will use current, up to date data.
- Describe the estimated reporting burden and cost to conduct the approach.

4.2.1 Please identify the methodology(ies) used below to assess child care prices and/or costs.

Effective Date: 10/01/2018

- MRS
- Alternative methodology.

Describe:

Both.

Describe:

4.2.2 Prior to developing and conducting the MRS or alternative methodology, the Lead Agency is required to consult with the (1) State Advisory Council or similar coordinating body, local child care program administrators, local child care resource and referral agencies, and other appropriate entities and (2) organizations representing caregivers, teachers, and directors (98.45 (e)).

Describe how the Lead Agency consulted with the:

Effective Date: 09/10/2019

a) State Advisory Council or similar coordinating body:

The Lead Agency along with the Buffett Early Childhood Institute (BECI) presented to the Nebraska's Early Childhood Interagency Coordinating Council (ECICC) in the beginning of their research.

b) Local child care program administrators:

Consultation will occur with this group for the 2019 MRS via steering committee and ECICC.

c) Local child care resource and referral agencies:

This group was not targeted specifically for consultation for the most recent, 2019 MRS.

d) Organizations representing caregivers, teachers, and directors:

This group was not targeted specifically for consultation for the most recent, 2019 MRS. However, representation from these categories are part of the ECICC.

e) Other. Describe:

The draft of the survey was created in collaboration with the Lead Agency, BECI research

team, and a steering committee composed of experts who are experienced with the MRS and child care in Nebraska.

4.2.3 Describe how the market rate survey is statistically valid and reliable. To be considered valid and reliable, the MRS must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variations, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data, such as child care resource and referral data, if they are representative of the market. If an alternative methodology, such as cost modeling, is used, demonstrate that the methodology used reliable methods.

The survey was initiated with child care providers on February 1, 2019 and data collection remained active through April 26, 2019, for a total of 12 weeks. Participation in the survey was voluntary and providers could selectively choose to respond to each question. After a data cleansing process, which excluded invalid responses and unlicensed providers, 1,695 valid responses were obtained for the use in data analyses, out of 3,220 licensed providers eligible to participate (52.66% participation). Surveys were sent to all of licensed child care providers (Family Child Care Home I, Family Child Care Home II, Child Care Centers, and accredited providers). License-exempt providers, which consist of the 'family, friend, neighbor' population, were not included in this survey. The sample size also included two geographic categories; urban and rural.

Surveys were distributed in three phases using different methods to get a representative sample. Phase I, was a mailing to all licensed child care providers in Nebraska, including pre-paid return postage and a \$1 incentive. Phase II, was a reminder post card sent one week after the initial mailing. Phase III, were up to three phone calls reminding providers to complete the survey.

The data team conducted a series of data cleansing processes to prepare the data for analysis. To maximize sample size, conversion methodology of rates was utilized. Data analysis produced final rates by provider type, geographic location, age group of child, and percentiles (50th through 100th).

4.2.4 Describe how the market rate survey or alternative methodology reflects variations in the price or cost of child care services by:

Effective Date: 0

a) Geographic area (e.g., statewide or local markets). Describe:

The MRS included two geographic categories, urban and rural. The urban group included four counties: Dakota, Douglas, Lancaster, and Sarpy. All remaining counties in Nebraska were included in the rural geographic group.

b) Type of provider. Describe:

The MRS includes all licensed child care providers types; Child Care Centers, Family Child Care Home I, and Family Child Care Home II.

c) Age of child. Describe:

Age of the children were broken into the following four categories for analysis: infant, toddler, preschool, and school-age.

d) Describe any other key variations examined by the market rate survey or alternative methodology, such as quality level.

In addition, the MRS looked at accredited child care providers.

4.2.5 After conducting the market rate survey or alternative methodology, the Lead Agency must prepare a detailed report containing the results of the MRS or alternative methodology. The detailed report must also include the estimated cost of care (including any relevant variation by geographic location, category of provider, or age of child) necessary to support (1) child care providers' implementation of the health, safety,

quality, and staffing requirements and (2) higher quality care, as defined by the Lead Agency using a quality rating and improvement system or other system of quality indicators, at each level of quality. For States without a QRIS, the States may use other quality indicators (e.g. provider status related to accreditation, pre-K standards, Head Start performance standards, or State defined quality measures.)

Effective Date: 09/10/2019

Describe how the Lead Agency made the results of the market rate survey or alternative methodology report widely available to the public (98.45(f)(1)). by responding to the questions below.

a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2016, and no later than July 1, 2018). 08/15/2019

b) Date the report containing results was made widely available - no later than 30 days after the completion of the report. 08/30/2019

c) Describe how the Lead Agency made the detailed report containing results widely available and provide the link where the report is posted.

The MRS was placed on the Lead Agency's website. Website:

<http://dhhs.ne.gov/Pages/Market-Rate-Survey.aspx>

d) Describe how the Lead Agency considered stakeholder views and comments in the detailed report.

Throughout the development of the MRS report and analysis of data, stakeholders, including senators and policy makers provided input and feedback to the Lead Agency and the BECI, who conducted the MRS. The report does include provider reported barriers to the CCDF/Subsidy program.

4.3 Setting Payment Rates

The Lead Agency must set CCDF subsidy payment rates, in accordance with the results of the current MRS or alternative methodology, at a level to ensure equal access for eligible families to child care services that are comparable with those provided to families not receiving CCDF funds. The Lead Agency must re-evaluate its payment rates at least every 3 years.

4.3.1 Provide the base payment rates and percentiles (based on the most recent MRS) for the following categories below. Percentiles are not required if the Lead Agency conducted an alternative methodology only (with pre-approval from ACF), but must be reported if the Lead Agency conducted an MRS alone or in combination with an alternative methodology. The ages and types of care listed below are meant to provide a snapshot of the categories on which rates can be based and are not intended to be comprehensive of all categories that might exist or to reflect the terms used by the Lead Agency for particular ages. Please use the most populous geographic region (area serving highest number of CCDF children) to report base payment rates below, if they are not statewide. Note: If the Lead Agency obtained approval to conduct an alternative methodology, then reporting of percentiles is not required.

Effective Date: 07/01/2019

a) Infant (6 months), full-time licensed center care in the most populous geographic region

Rate \$ 45.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

b) Infant (6 months), full-time licensed FCC home in the most populous geographic region

Rate \$ 30.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

c) Toddler (18 months), full-time licensed center care in the most populous geographic region

Rate \$ 42.40 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

d) Toddler (18 months), full-time licensed FCC care in the most populous geographic region

Rate \$ 30.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

e) Preschooler (4 years), full-time licensed center care in the most populous geographic region

Rate \$ 39.50 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

f) Preschooler (4 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 30.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

g) School-age child (6 years), full-time licensed center care in most populous geographic region

Rate \$ 35.40 per day unit of time (e.g., daily, weekly, monthly, etc.)

Percentile of most recent MRS: 60

h) School-age child (6 years), full-time licensed FCC care in the most populous geographic region

Rate \$ 30.00 per day unit of time (e.g., daily, weekly, monthly)

Percentile of most recent MRS: 60

i) Describe how part-time and full-time care were defined and calculated.

A day unit of time is considered 6 or more hours.

j) Provide the effective date of the current payment rates (i.e., date of last update based on most recent MRS). 07/01/2019

k) Identify the most populous area of the state used to complete the responses above.

Nebraska considered rural and urban areas when determining payment rates. Urban areas included the following counties: Lancaster, Douglas, Dakota, and Sarpy. Rural areas included all of the remaining counties in the state. Urban counties are most populous and reflective of a greater rate.

l) Provide the citation or link, if available, to the payment rates.

<http://dhhs.ne.gov/Pages/Guidance-Documents.aspx>

m) If the payment rates are not set by the Lead Agency for the entire state/territory, describe how many jurisdictions set their own payment rates (98.16(i)(3)).

N/A

4.3.2 Lead Agencies can choose to establish tiered rates, differential rates, or add-ons on top of their base rates as a way to increase payment rates for targeted needs (i.e., a higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check and describe the types of tiered reimbursement or differential rates, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, at a minimum, indicate the process and basis used for determining the tiered rates, including if the rates were based on the MRS and/or an alternative methodology, and the amount of the rate. Check all that apply.

Effective Date: 10/01/2018

Differential rate for *non-traditional hours*.

Describe:

Differential rate for *children with special needs*, as defined by the state/territory.

Describe:

A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside typical child care needs rather than being based on the child's actual diagnosis and set by the Lead Agency and the child care provider.

Differential rate for *infants and toddlers*. Note: Do not check if the Lead Agency has a different base rate for infants/toddlers with no separate bonus or add-on.

Describe:

Differential rate for *school-age programs*. Note: Do not check if the Lead Agency has a different base rate for school-age children with no separate bonus or add-on.

Describe:

Differential rate for higher quality, as defined by the state/territory.

Describe:

As part of Step Up to Quality, non-accredited programs will receive an increase of 5% in their subsidy rates at Step 3, Step 4, and Step 5. Accredited programs will receive an increase of 5% in their subsidy rates at Step 4 and Step 5.

Other differential rates or tiered rates.

Describe:

In-home providers who provide child care during nontraditional hours (weekends, holidays, and evenings after 6 p.m.), for a child has a special need or childhood illness, and/or for families with three or more children are paid federal minimum wage. This is currently \$9.00 per hour.

Tiered or differential rates are not implemented.

4.4 Summary of Facts Used To Determine That Payment Rates Are Sufficient To Ensure Equal Access

4.4.1 Lead Agencies must certify that CCDF payment rates are sufficient to ensure equal access for eligible families to child care services comparable to those provided by families not receiving CCDF assistance (98.16(a)). Certify that payment rates reported in 4.3.1 are sufficient to ensure equal access by providing the following summary of facts (98.45(b)):

Effective Date: 09/10/2019

a) Describe how a choice of the full range of providers eligible to receive CCDF is made available; the extent to which eligible child care providers participate in the CCDF system; and any barriers to participation, including barriers related to payment rates and practices.

CCDF/Subsidy eligible families can choose a child care provider who is CCDF/Subsidy approved and has a current Child Care Subsidy Agreement with the Lead Agency. The eligible family can also make a referral to the Lead Agency, if they have a provider who is interested in becoming a CCDF/Subsidy provider but is current not.

There are approximately 3,000 child care providers (license-exempt, in-home, and license) who accept CCDF/Subsidy. Approximately half of these providers are licensed with the State of Nebraska.

The 2019 MRS identified provider reported CCDF/Subsidy barriers categorized by communication, payments, and rates. Billing is completed via an electronic portal, and once claims are entered payment is dispersed to the provider within a few days. Providers also receive authorizations and changes made to authorizations electronically, within in 24 hours. Barriers identified around the payment and rates include: authorizations not updated timely when the child switches providers, parents not paying family-fees to the child care provider, rates lower than private rates, and no reimbursement for food.

b) Describe how payment rates are adequate and have been established based on the [most recent MRS or alternative methodology](#) . Note: Per the preamble (81 FR 67512), in instances where a MRS or alternative methodology indicates that prices or costs have increased, Lead Agencies must raise their rates as a result.

The most recent MRS are based on the following factors: 1.) Geographic area (urban and rural counties); 2.) Provider type (Family Child Care Home I/II and Child Care Centers); and Age of child (infant, toddler, preschool, and school age). Rates were set at no less than the 60th percentile. 2019 rates went into effect 7/1/19.

c) Describe how base payment rates enable providers to meet health, safety, quality, and staffing requirements under CCDF.

Health, safety, quality, and staffing requirements per the recent reauthorization of CCDBG were not fully implemented when the 2019 MRS was being conducted and are not reflected in the current rate. Title 391 of Nebraska Administrative Code - Children's Services Licensing, have established staff/child ratios and pre-service and annual training requirements for all licensed child care providers for years. Current CCDF/Subsidy rates reflect the existing requirements.

d) Describe how the Lead Agency took the cost of higher quality into account, including how payment rates for higher-quality care, as defined by the Lead Agency using a QRIS or other system of quality indicators, relate to the estimated cost of care at each level of quality. Note: For States without a QRIS, the States may use other quality indicators (e.g.

provider status related to accreditation, Pre-K standards, Head Start performance standards, or State defined quality measures).

Providers receive a higher rate if they are accredited and/or participating in Step Up to Quality (Nebraska's QRIS). Programs participating in Step Up to Quality are able to receive an increase to their subsidy rates once they have reached each Step 3, 4, and 5, with a 5% increase at each step.

e) How will the Lead Agency ensure that the family contribution/co-payment, based on a sliding-fee scale, is affordable and is not a barrier to families receiving CCDF funds (98.16 (k))? Check all that apply.

Limit the maximum co-payment per family.

Describe: .

Limit the combined amount of co-payment for all children to a percentage of family income. List the percentage of the co-payment limit and

Per the recommendation of ACF, copayments are no greater than 7% of a client's income.

Minimize the abrupt termination of assistance before a family can afford the full cost of care ('the cliff effect') as part of the graduated phase-out of assistance discussed in 3.1.7.

Other.

Describe:

f) To support parental choice and equal access to the full range of child care options, does the Lead Agency choose the option to allow providers to charge families additional amounts above the required co-payment in instances where the provider's price exceeds the subsidy payment (98.45(b)(5))?

No

Yes. If yes:

i. Provide the rationale for the Lead Agency's policy to allow providers to charge families additional amounts above the required co-payment, including a demonstration of how the policy promotes affordability and access for families.

ii. Provide data (including data on the size and frequency of such amounts) on the extent to which CCDF providers charge additional amounts to families.

iii. Describe the Lead Agency's analysis of the interaction between the additional amounts charged to families with the required family co-payment, and the ability of current subsidy payment rates to provide access to care without additional fees.

g) Describe how Lead Agencies' payment practices described in 4.5 support equal access to a range of providers.

Current billing practices and regulations allow providers to receive electronic payment in just a few days after submission. Child Care Providers submit child care claims and billings through an electronic portal. Once payments are submitted and processed, they are then directly deposited or placed on an electronic card within only a few days. Other payment practices of the Lead Agency for providers to be inline with private pay families are the CCDF/Subsidy payment for enrollment fees and activity fees to providers.

h) Describe how and on what factors the Lead Agency differentiates payment rates. Check all that apply.

Geographic area.

Describe:

The Lead Agency sets differentiates payment rates based on two geographic areas; urban and rural. Urban counties are: Dakota, Douglas, Lancaster, and Sarpy. The rest of the counties in Nebraska are considered Rural.

Type of provider.

Describe:

The Lead Agency sets differentiates payment rates for the following types of providers: License-Exempt, In-Home Child Care Providers, License Family Child Care Home I and II, and Child Care Centers.

Age of child.

Describe:

The Lead Agency sets differentiates payment rates for the following types of ages:

infant, toddler, pre-school, and school-age.

Quality level.

Describe:

The Lead Agency sets differentiates payment rates for providers who are accredited or participation with Step Up to Quality (Nebraska's Quality Rating Improvement System).

Other.

Describe:

i) Describe any additional facts that the Lead Agency considered in determining its payment rates to ensure equal access. Check all that apply and describe:

Payment rates are set at the 75th percentile benchmark or higher of the most recent MRS.

Describe:

Based on the approved alternative methodology, payments rates ensure equal access.

Describe:

Feedback from parents, including parent surveys or parental complaints.

Describe:

Other.

Describe:

4.5 Payment Practices and the Timeliness of Payments

Lead Agencies are required to demonstrate that they have established payment practices applicable to all CCDF child care providers that include ensuring the timeliness of payments by either (1) paying prospectively prior to the delivery of services or (2) paying within no more than

21 calendar days of the receipt of a complete invoice for services. To the extent practicable, the Lead Agency must also support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by (1) paying based on a child's enrollment rather than attendance, (2) providing full payment if a child attends at least 85 percent of the authorized time, (3) providing full payment if a child is absent for 5 or fewer days in a month, or (4) using an alternative approach for which the Lead Agency provides a justification in its Plan (658E(c)(2)(S)(ii); 98.45(l)(2)).

Lead Agencies are required to use CCDF payment practices that reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF-funded assistance. Unless a Lead Agency is able to demonstrate that the following policies are not generally accepted in its particular state, territory, or service area or among particular categories or types of providers, Lead Agencies must (1) pay providers based on established part-time or full-time rates rather than paying for hours of service or smaller increments of time and (2) pay for reasonable, mandatory registration fees that the provider charges to private-paying parents (658E(c)(2)(S); 98.45(l)(3)).

In addition, there are certain other generally accepted payment practices that are required. Lead Agencies are required to ensure that child care providers receive payment for any services in accordance with a payment agreement or an authorization for services, ensure that child care providers receive prompt notice of changes to a family's eligibility status that could impact payment, and establish timely appeal and resolution processes for any payment inaccuracies and disputes (98.45(l)(4) through (6); 658E(c)(2)(S)(ii); 98.45(l)(4); 98.45(l)(5); 98.45(l)(6)).

4.5.1 Certify by identifying and describing the payment practices below that the Lead Agency has implemented for all CCDF child care providers.

Effective Date: 04/15/2020

a) Ensure the timeliness of payments by either (Lead Agency to implement at least one of the following):

Paying prospectively prior to the delivery of services.

Describe the policy or procedure.

Paying within no more than 21 calendar days of the receipt of a complete invoice for services.

Describe the policy or procedure.

Generally, providers will receive payment within five days of billing for services. Providers typically bill on the 15th and last day of the month for services provided during that month.

b) To the extent practicable, support the fixed costs of providing child care services by delinking provider payments from a child's occasional absences by: (Note: The Lead Agency is to choose at least one of the following):

Paying based on a child's enrollment rather than attendance.

Describe the policy or procedure.

Amendment - Temporary COVID-19 Policy/Procedure - 4.5.1: Child care subsidy regulations were suspended temporarily by Executive Order 20-18, April 15, 2020. Temporary suspension of regulations permit an open, staffed, and licensed child care provider to be paid when an eligible child is not receiving care from the provider because the child's parent or legal caretaker, due to the COVID-19 emergency, either chooses to keep the child home or is unable to utilize care. DHHS will establish and publish guidance for payment for children absent from care. The amendment is in effect until 30 days after the state of emergency ends. At that time, the child care subsidy regulations payment practices for child care return to normal operations.

Providing full payment if a child attends at least 85 percent of the authorized time.

Describe the policy or procedure.

Providing full payment if a child is absent for five or fewer days in a month.

Describe the policy or procedure.

Allowing five or fewer absent days per month is in the draft regulations, pending public hearing, which is scheduled for 10/25/19. Draft regulations can be found at: <http://dhhs.ne.gov/Pages/Upcoming-Public-Hearings.aspx>. When approved a child care provider would be allowed to bill the full authorized amount for times the child is absent on a scheduled day, up to 5 times per month.

- Use an alternative approach for which the Lead Agency provides a justification in its Plan.

If chosen, please describe the policy or procedure and the Lead Agency's justification for this approach.

c) The Lead Agency's payment practices reflect generally accepted payment practices of child care providers who serve children who do not receive CCDF subsidies. These payment practices must include the following two practices unless the Lead Agency provides evidence that such practices are not generally accepted in its state (658E(c)(2)(S); 98.45(l)(3)).

- i. Paying on a part-time or full-time basis (rather than paying for hours of service or smaller increments of time).

Describe the policy or procedure and include a definition of the time increments (e.g., part time, full-time).

The Lead Agency pays a day rate for 6 or more hours, up through the 9th hour of care. For the 10th hour and beyond, the provider bills a day unit and an hour unit for each hour over. Part day units are calculated hourly and bill as such. UPDATE: The Lead Agency is working on switching billing units from hours and days to half day full day. The MRS contractor is working on converting new units to rates from the 2019 MRS. The Department anticipates this change to occur prior to 9/30/20.

- ii. Paying for reasonable mandatory registration fees that the provider charges to private-paying parents.

Describe the policy or procedure.

The Lead Agency will pay a set amount toward enrollment fees and activity fees to child care centers who also charge their private paying families. The Lead Agency will pay \$25 or less if the center charges private pay families less than \$25. Enrollment is a one time payment per provider. The Lead Agency will also pay up to \$25 a month for June, July and August for activities. The provider must provide a calendar of events and charge private pay families an activity fee.

d) The Lead Agency ensures that providers are paid in accordance with a written payment agreement or an authorization for services that includes, at a minimum,

information regarding provider payment policies, including rates, schedules, any fees charged to providers, and the dispute-resolution process. Describe:

At the time of enrollment, providers sign an agreement with the Lead Agency that covers all provider policies, payments, and general standards required to be a provider. Current regulations can be found in 392 NAC Chapter 5.

Amendment - Temporary COVID-19 Policy/Procedure - 4.5.1 d): Child care subsidy regulations were suspended temporarily by Executive Order 20-18, April 15, 2020. Temporary suspension of regulations permit an open, staffed, and licensed child care provider to be paid when an eligible child is not receiving care from the provider because the child's parent or legal caretaker, due to the COVID-19 emergency, either chooses to keep the child home or is unable to utilize care. Providers can bill absent days up to the authorized hours the child typically attends their program. Providers must sign and submit an addendum to their existing subsidy agreement. The addendum to the agreement can be found at <http://dhhs.ne.gov/Pages/Child-Care-Providers.aspx> . The amendment is in effect until 30 days after the state of emergency ends. At that time, the child care subsidy regulations payment practices for child care return to normal operations.

e) The Lead Agency provides prompt notice to providers regarding any changes to the family's eligibility status that could impact payments, and such a notice is sent no later than the day that the Lead Agency becomes aware that such a change will occur.

Describe:

Providers receive updated authorizations overnight via our online system any time there is a change in the authorization (i.e. change in parent's work schedules or need for service, change in the family fee). Providers also receive a discontinuation of service if the case is closed and authorizations end. Online billing is required, however, exceptions are reviewed and granted for providers who do not have computer/internet access, which in that case, communication regarding authorizations are sent via mail.

f) The Lead Agency has a timely appeal and resolution process for payment inaccuracies and disputes. Describe:

The Lead Agency will send a letter to the provider informing them that there is an overpayment, giving the provider the opportunity to discuss the overpayment with a DHHS representative, and informing the provider of their right to appeal the existence or

amount of the overpayment. The provider has 45 days to appeal the overpayment. If the provider is found to have been overpaid, the provider is given options on how the overpayment can be recouped such as being deducted from the provider's future billings, by paying a certain amount back each month, or paying the amount immediately in full.

g) Other. Describe:

N/A

4.5.2 Do payment practices vary across regions, counties, and/or geographic areas?

Effective Date: 10/01/2018

No, the practices do not vary across areas.

Yes, the practices vary across areas.

Describe:

4.6 Supply-Building Strategies to Meet the Needs of Certain Populations

Lead Agencies are required to develop and implement strategies to increase the supply of and to improve the quality of child care services for children in underserved areas; infants and toddlers; children with disabilities, as defined by the Lead Agency; and children who receive care during non-traditional hours (658 E(c)(2)(M); 98.16 (x)).

4.6.1 Lead Agencies must identify shortages in the supply of high-quality child care providers. List the data sources used to identify shortages, and describe the method of tracking progress to support equal access and parental choice.

Effective Date: 10/01/2018

In licensed family child care.

The Lead Agency reviews data reports of shortages in licensed family child care and works with an array of vested entities, including the Early Childhood Interagency Coordinating Council and Step Up to Quality (Nebraska's QRIS). The Lead Agency is

represented in several work-groups with vested entities who are leading research and community partnership in areas where high child care needs and areas where there are higher risk factors of poverty.

In licensed child care centers.

The Lead Agency reviews data reports of shortages in licensed child care centers and works with an array of vested entities, including the Early Childhood Interagency Coordinating Council and Step Up to Quality (Nebraska's QRIS). The Lead Agency is represented in several work-groups with vested entities who are leading research and community partnership in areas where high child care needs and areas where there are higher risk factors of poverty.

Other.

June 2018 DHHS Child Care Subsidy data identifies the 10 following counties to not have Subsidy Child Care Providers: Sioux, Grant, Arthur, McPherson, Logan, Keya Paha, Boyd, Rock, Loup, and Wheeler. The Lead Agency is represented in several work-groups with vested entities who are leading research and community partnership in areas where high child care needs and areas where there are higher risk factors of poverty.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

Effective Date: 10/01/2018

a) Children in underserved areas. Check and describe all that apply.

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

[Start-up funding.](#)

[Describe:](#)

The Lead Agency offers Child Care Start-Up and Expansion Grants. Grants applications are reviewed and awarded on a monthly basis. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs, before, and after school programs. Part of the grant application requires the applicant to identify the community need for quality childcare. An application will receive more points if there is a stronger need in their community. The Lead Agency is also working to target counties and communities where is no or limited CCDF/Subsidy providers. The Lead Agency plans to work with community agencies to assist underserved populations.

[Technical assistance support.](#)

[Describe:](#)

The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. Lead Agency staff also collaborate with staff from the CR&R and Coaching Specialist to provide technical assistance to providers across the state. Technical assistance supports include assisting providers through current license and license exempt regulations, navigation for available trainings, QRIS, other quality initiatives supports, and assisting families identify a child care provider who provides care in their community.

[Recruitment of providers.](#)

[Describe:](#)

[Tiered payment rates \(as discussed in 4.3.2\).](#)

[Describe:](#)

A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside typical child care needs rather than being based on the child's actual diagnosis and set by the Lead Agency and the child care provider. As part of Step Up to Quality, non-accredited programs will receive an increase of 5% in their subsidy rates at

Step 3, Step 4, and Step 5. Accredited programs will receive an increase of 5% in their subsidy rates at Step 4 and Step 5. In-home providers who provide child care during nontraditional hours (weekends, holidays, and evenings after 6 p.m.), for a child has a special need or childhood illness, and/or for families with three or more children are paid federal minimum wage. This is currently \$9.00 per hour.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

The Lead Agency supports providers who are accredited by an enhanced tiered reimbursement with their Subsidy.

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

b) Infants and toddlers. Check and describe all that apply.

- Grants and contracts (as discussed in 4.1.3).

Describe:

- Family child care networks.

Describe:

Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion Grants. Grants applications are reviewed and awarded on a monthly basis. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs, before, and after school programs. Applicants can apply to expand their existing center to serve an increase number in infants and toddlers.

Technical assistance support.

Describe:

The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. Lead Agency staff also collaborate with staff from the CR&R and Coaching Specialist to provide technical assistance to providers across the state. Technical assistance supports include assisting providers through current license and license exempt regulations, navigation for available trainings and QRIS and other quality initiatives supports.

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside typical child care needs rather than being based on the child's actual diagnosis and set by the Lead Agency and the child care provider. As part of Step Up to Quality, non-accredited programs will receive an increase of 5% in their subsidy rates at Step 3, Step 4, and Step 5. Accredited programs will receive an increase of 5% in their subsidy rates at Step 4 and Step 5. In-home providers who provide child care

during nontraditional hours (weekends, holidays, and evenings after 6 p.m.), for a child has a special need or childhood illness, and/or for families with three or more children are paid federal minimum wage. This is currently \$9.00 per hour.

- Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

- Accreditation supports.

Describe:

- Child Care Health Consultation.

Describe:

- Mental Health Consultation.

Describe:

- Other.

Describe:

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

c) Children with disabilities. Check and describe all that apply.

- Grants and contracts (as discussed in 4.1.3).

Describe:

- Family child care networks.

Describe:

- Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion Grants. Grants applications are reviewed and awarded on a monthly basis. Funds are specifically designated to improve the quality

of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs, before, and after school programs. Applicants can apply to expand their existing center to serve an increase number of children with disabilities. The grant can fund modifications homes and centers need to make to care for children with disabilities.

[Technical assistance support.](#)

[Describe:](#)

The Lead Agency offers technical assistance support through Resource Developer Workers, Child Care Licensing Specialist, and CCDF/Subsidy Program staff. Lead Agency staff also collaborate with staff from the CR&R and Coaching Specialist to provide technical assistance to providers across the state. Technical assistance supports include assisting providers through current license and license exempt regulations, navigation for available trainings, QRIS, other quality initiatives supports, and assisting families identify a child care provider who provides care for children with disabilities.

[Recruitment of providers.](#)

[Describe:](#)

[Tiered payment rates \(as discussed in 4.3.2\).](#)

[Describe:](#)

A higher rate may be negotiated for children with special needs once proper documentation has been provided. The rate is based on what is needed outside typical child care needs rather than being based on the child's actual diagnosis and set by the Lead Agency and the child care provider. As part of Step Up to Quality, non-accredited programs will receive an increase of 5% in their subsidy rates at Step 3, Step 4, and Step 5. Accredited programs will receive an increase of 5% in their subsidy rates at Step 4 and Step 5. In-home providers who provide child care during nontraditional hours (weekends, holidays, and evenings after 6 p.m.), for a child has a special need or childhood illness, and/or for families with three or more children are paid federal minimum wage. This is currently \$9.00 per hour.

[Support for improving business practices, such as management training, paid sick leave, and shared services.](#)

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The Lead Agency will allow in-home child care for children with disabilities.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the following.

d) Children who receive care during non-traditional hours. Check and describe all that apply

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

The Lead Agency offers Child Care Start-Up and Expansion Grants. Grants applications are reviewed and awarded on a monthly basis. Funds are specifically designated to improve the quality of child care, provide quality programs for low-income children, and to increase the availability of early childhood development programs, before, and after school programs. An application will receive more points if there is a stronger need in their community, i.e. child care offering non-traditional hours. The Lead Agency is also working to target counties and communities where is no or limited

CCDF/Subsidy providers. The Lead Agency plans to work with community agencies to assist underserved populations, including communities where the need for care during non-traditional hours.

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2) .

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The Lead Agency will allow in-home child care for children who receive care during non-traditional hours.

4.6.2 Describe what method(s) is used to increase supply and to improve quality for the

following.

e) Other. Check and describe all that apply:

Grants and contracts (as discussed in 4.1.3).

Describe:

Family child care networks.

Describe:

Start-up funding.

Describe:

Technical assistance support.

Describe:

Recruitment of providers.

Describe:

Tiered payment rates (as discussed in 4.3.2).

Describe:

Support for improving business practices, such as management training, paid sick leave, and shared services.

Describe:

Accreditation supports.

Describe:

Child Care Health Consultation.

Describe:

Mental Health Consultation.

Describe:

Other.

Describe:

The Lead Agency started collaboration with the Nebraska Children and Families Foundation Communities for Kids Initiative. The Communities for Kids Initiative was created in response to community requests for assistance with shortages of high-quality early child care and education programs. Communities for Kids aim to partner with communities' public and private entities to support and coordinate planning for access to high-quality early care and education for all children birth through age eight. Partnerships will be customized to address each community's unique assets and needs.

4.6.3 Lead Agencies must prioritize investments for increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and do not currently have sufficient numbers of such programs.

Effective Date: 10/01/2018

a) How does the Lead Agency define areas with significant concentrations of poverty and unemployment?

The Lead Agency coordinates with other divisions to determine which counties of the State contain higher percentages of families receiving unemployment. The unemployment rate for Nebraska is readily available for the public. Areas with a higher concentration of families receiving TANF benefits are also identified communities of greater poverty.

b) Describe how the Lead Agency prioritizes increasing access to high-quality child care and development services for children of families in areas that have significant concentrations of poverty and unemployment and that do not have high-quality programs

Step Up to Quality (Nebraska's QRIS) require providers who receive \$250,000 or more in CCDF/Subsidy annually are to participate in Step Up to Quality. Providers who receive higher amounts of CCDF/Subsidy serve more children in poverty, than those provides who are not receiving high amounts of Subsidy. This requirement will increase quality in

centers who serve a greater population of low income children. The Lead Agency actively participates in various committees initiating research and supporting communities of poverty. The Lead Agency is also exploring new ways to serve these communities with the increase CCDF funds for FFY18.

5 Establish Standards and Monitoring Processes To Ensure the Health and Safety of Child Care Settings

Lead Agencies are required to certify that there are in effect licensing requirements applicable to all child care services in the state/territory, which supports the health and safety of all children in child care. States and territories may allow licensing exemptions. Lead Agencies must describe how such licensing exemptions do not endanger the health, safety, and development of CCDF children in license-exempt care (98.16 (u)).

Lead Agencies also must certify that there are in effect health and safety standards and training requirements applicable to providers serving CCDF children, whether they are licensed or license-exempt. These health and safety requirements must be appropriate to the provider setting and age of the children served, must include specific topics and training on those topics, and are subject to monitoring and enforcement procedures.

The organization of this section begins with a description of the licensing system for providers of child care in a state or territory and then moves to focus in on CCDF providers who may be licensed, exempt from licensing, or relative providers. The section then covers the health and safety requirements and training, and monitoring and enforcement procedures to ensure that CCDF child care providers comply with licensing and health and safety requirements (98.16(n)). Lead Agencies are also asked to describe any exemptions for relative providers (98.16(l)). This section also addresses group size limits; child-staff ratios; and required qualifications for caregivers, teachers, and directors (98.16(m)) serving CCDF children.

Note: When responding to questions in this section, the OCC recognizes that each State/Territory identifies and defines its own categories of care. The OCC does not expect States/Territories to change their definitions to fit the CCDF-defined categories of care. For these questions, provide responses that closely match the CCDF categories of care.

Criminal background check requirements are included in this section (98.16(o)). It is important to note that these requirements are in effect for all child care staff members that are licensed, regulated or registered under state/territory law and all other providers eligible to deliver CCDF services.

5.1 Licensing Requirements

Each state/territory must certify it has in effect licensing requirements applicable to all child care services provided within the state/territory (not restricted to providers receiving CCDF funds) and provide a detailed description of these requirements and how the requirements are effectively enforced (658E(c)(2)(F)). If any types of providers are exempt from licensing requirements, the state/territory must describe those exemptions and describe how these exemptions do not endanger the health, safety, or development of children. The descriptions must also include any exemptions based on provider category, type, or setting; length of day; and providers not subject to licensing because the number of children served falls below a Lead Agency-defined threshold and any other exemption to licensing requirements (658E(c)(2)(F); 98.16(u); 98.40(a)(2)(iv)).

5.1.1 To certify, describe the licensing requirements applicable to child care services provided within the state/territory by identifying the providers in your state/territory that are subject to licensing using the CCDF categories listed below? Check all that apply and provide a citation to the licensing rule.

Effective Date: 10/01/2018

Center-based child care.

Describe and Provide the citation:

Licensed to provide a child care program for 13 or more children. A center may be located in the licensee's residence or another location. 391 NAC 3-001.01

Family child care.

Describe and Provide the citation:

Family Child Care Home I: Licensed to provide a child care program in the licensee's residence to at least four but not more than eight children, except that a licensee may be approved to serve up to two additional school-age children during non-school hours if no more than two of the other children in care are under 18 months of age. Family Child

Care Home II: Licensed to provide a child care program for at least four, but not more than 12 children. These may be located in the licensee's residence or another location.
391 NAC 1-001.01; 391 NAC 2-001.01

In-home care (care in the child's own home).

Describe and provide the citation (if applicable):

5.1.2 Describe if any providers are exempted from licensing requirements and how such exemptions do not endanger the health, safety, and development of children (658E (c)(2)(F); 98.40(a)(2)).

Effective Date: 11/22/2019

Note: Additional information about exemptions related to CCDF providers is required in 5.1.3.

In-Home Child Care: Care provided to children in their own home. This service is only available to children who have a special need or childhood illness, families with three or more children needing child care, or families that require child care during nontraditional hours (overnights, weekends, holidays, or evening hours after 6pm). These providers are required to meet a set of standards, to ensure health and safety standards are met and children are not endangered while in care.

License-Exempt Family Child Care Home: An individual who is providing care in his/her own home, serving a maximum of three children from different families or six children from one family. CCDF eligible families have the option of having a family, friend, or neighbor to provide care to their children by having them become a License-Exempt Family Child Care Home. These providers are required to meet a set of standards to ensure health and safety standards are met and children are not endangered while in care. The provider is not able to care for their own children while providing this service, or any other children outside of the household who has been identified as eligible.

5.1.3 Check and describe any CCDF providers in your state/territory who are exempt from licensing (98.40(2)(i) through (iv))? Describe exemptions based on length of day, threshold on the number of children in care, ages of children in care or any other factors applicable to the exemption

Effective Date: 10/01/2018

Center-based child care.

If checked, describe the exemptions.

Family child care.

If checked, describe the exemptions.

Can only provide care for a maximum of 3 children from different families or up to 6 from the same family; care can only occur in the provider's home; and meet license-exempt standards found in 392 NAC 5-003. For license-exempt providers, background checks are required for all license-exempt child care providers, and any household member over the age of 13. They must also meet the requirements found in 392 5-003 which include: Be at least 19 years old; provide care for a maximum of 6 children (including any of their own children under 13); not conduct other employment during hours they provide care for children; ensure the children will always be supervised; arrange for another person to substitute for caregiver in an emergency; notify parent/guardian should a substitute caregiver be used; discuss care schedule and hours of care with parent; agree to announced and unannounced visits by parents; and have an operable telephone. The assigned Resource Developer meets the provider in their home to complete an inspection and check list to ensure the home is suitable to care for children. Monitorings occur annually, and more frequently if there are concerns reported regarding the care of children with the provider. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if there is reasonable cause to question the provider's ability. Child and Family Services- Protection and Safety will alert Resource Development and Child Care Subsidy if a complaint occurs, and Resource Developer will complete follow up monitoring and investigating with the Protection and Safety Investigator. Providers will also have (once approved) Health and Safety training requirements and ongoing training requirements.

In-home care.

If checked, describe the exemptions.

Must only provide care in the child's home, and meet the standards found in 392 NAC 5-002. Background checks are required for all in-home care providers. Providers must be 19 years of age; agree to provide continual supervision of children; agree to discuss with the parent on hours of care and how to care for the child (napping/toileting schedules, disciplinary practices, meal/snack schedule, how to care for ill child, etc); agree to get written instructions and approval prior to dispensing any medication, and agree to not smoke in the presence of children or anywhere in the home. The assigned Resource Developer meets with the provider and parent to ensure these occur prior to care, and will meet with the provider annually to monitor and review a check list for the provider and parent to complete. The Resource Developer will also determine if the provider demonstrates the physical, mental, and emotional capacity to provide care for children, and requests medical documentation if reasonable cause questions the provider's ability. Child and Family Services- will alert resource development and Child Care Subsidy if a complaint occurs, and Resource Developer will complete follow up monitoring and investigating with the Protection and Safety Investigator.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.1 Standards on ratios, group sizes, and qualifications for CCDF providers.

Lead Agencies are required to establish child care standards for providers receiving CCDF funds, appropriate to the type of child care setting involved, that address appropriate ratios between the number of children and number of providers in terms of the age of the children, group size limits for specific age populations, and the required qualifications for providers (658E(c)(2)(H); 98.41(d); 98.16(m)). For ease of responding, this section is organized by CCDF categories of care, licensing status, and age categories. Respondents should map their Lead Agency categories of care to the CCDF categories.

Effective Date: 09/16/2019

a) Licensed CCDF center-based care

1. Infant

-- How does the State/territory define infant (age range):

A child six weeks up to 18 months of age.

-- Ratio:

1 adult for 4 infants

-- Group size:

12

-- Teacher/caregiver qualifications:

Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 1500 verified clock hours of experience in organized group settings for children OR a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

2. Toddler

-- How does the State/territory define toddler (age range):

A child 18 months of age up to three years old.

-- Ratio:

1 adult for 6 toddlers

-- Group size:

The licensee must ensure that the group size of toddlers can meet the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to

promptly evacuate all children within the group safely, including any children with special needs. Each room must have 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots or built in cabinets. Group size cannot exceed the center's capacity, which is determined by this square footage requirement. The State Fire Marshal or delegated authority determines the amount of space that can be used to determine capacity of the provider, and group size cannot exceed this determination. The program must have one operable toilet and one operable sink per 15 children, and group size of any age group cannot exceed this requirement.

-- [Teacher/caregiver qualifications:](#)

Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or a high school diploma and 1500 verified clock hours of experience in organized group settings for children or a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood. All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

[3. Preschool](#)

-- [How does the State/territory define preschool \(age range\):](#)

A child age 3 years or older who has not attended kindergarten.

-- [Ratio:](#)

1 staff for 10 for children age 3; 1 staff for 12 for children age 4 and up who have not attended kindergarten

-- [Group size:](#)

The licensee must ensure that the group size of toddlers can meet the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with

special needs. Each room must have 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or space occupied by cribs, cots or built in cabinets. Group size cannot exceed the center's capacity, which is determined by this square footage requirement. The State Fire Marshal or delegated authority determines the amount of space that can be used to determine capacity of the provider, and group size cannot exceed this determination. The program must have one operable toilet and one operable sink per 15 children, and group size of any age group cannot exceed this requirement.

-- **Teacher/caregiver qualifications:**

Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or high school diploma and 1500 verified clock hours of experience in organized group settings for children or a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood.

All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

4. School-age

-- **How does the State/territory define school-age (age range):**

A child who attends school.

-- **Ratio:**

1 staff for 15 children

-- **Group size:**

The licensee must ensure that the group size of toddlers can meet the emotional and physical needs consistently and promptly. Group size needs to be small enough to be able to immediately investigate cries, engage in play activities with each child every day, change wet or soiled diapers immediately, and conduct toilet training in the manner agreed upon with the parent. The licensee must be able to promptly evacuate all children within the group safely, including any children with special needs. Each room must have 35 square feet of activity space per child, not including bathrooms, kitchen, isolation room, office, passageways, storage, or

space occupied by cribs, cots or built in cabinets. Group size cannot exceed the center's capacity, which is determined by this square footage requirement. The State Fire Marshal or delegated authority determines the amount of space that can be used to determine capacity of the provider, and group size cannot exceed this determination. The program must have one operable toilet and one operable sink per 15 children, and group size of any age group cannot exceed this requirement.

-- **Teacher/caregiver qualifications:**

Teacher: Must be at least 18 years of age and meet one of the following: Bachelor's or Associate's degree in early childhood, education or child/youth development; have a CDA credential; or high school diploma and 1500 verified clock hours of experience in organized group settings for children or a plan to acquire at least 3 credit hours or 45 clock hours of training in early childhood. All support staff must be at least 16 years of age; all rooms providing care for children must always have a person who meets teacher qualifications.

5. If any of the responses above are different for exempt child care centers, describe which requirements apply to exempt centers

Nebraska does not exempt child care centers.

6. Describe, if applicable, ratios, group sizes, and qualifications for classrooms with mixed age groups.

Nebraska does not have adjusted regulations for mixed age groups in child care centers.

7. Describe the director qualifications for licensed CCDF center-based care, including any variations based on the ages of children in care.

Directors must be at least 19 years of age and meet one of the following: Bachelor's or Associate's degree in an early childhood field or Bachelor's degree in any area with at least 6 credit hours in early childhood; CDA credential; or a high school diploma and 3000 clock hours of verifiable experience AND have successfully completed six credit hours or 36 clock hours in the field of early childhood or a written DHHS approved plan to acquire at least 6 credit hours or 36 clock hours. These trainings must be done within 12 months.

b) Licensed CCDF family child care provider

1. Infant

-- How does the State/territory define infant (age range):

A child six weeks up to 18 months of age

-- Ratio:

1 adult for 4 infants

-- Group size:

Nebraska identifies two family child care providers, Family Child Care Home I and Family Child Care Home II. The following explains their infant group sizes:

Family Child Care Home I: The maximum group size is 8 infants, if only infants are in care, two staff are required if more than 4 infants are present.

If the program provides care for mixed ages, a group size of 8 children is allowed with 3 infants, if no more than 2 infants are under twelve months of age.

If the program provides care for mixed ages, a group size of 10 children is allowed with two school age children during non-school hours if no more than 2 of the other children in care are identified as infants.

Family Child Care Home II: The maximum group size is 12 infants, if only infants are in care, two staff are required if more than 4 infants are present, and three staff are required if more than 8 infants are present.

If the program provides care for mixed ages, and only has one staff, the group size may be 10, however, they are limited to two infants and the ninth and tenth child must be school age.

If the program provides care for mixed ages, and two staff are present, the group size may be 12, but no more than 2 infants are allowed under 12 months of age.

-- Teacher/caregiver qualifications:

Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.

2. Toddler

-- How does the State/territory define toddler (age range):

A child 18 months of age up to 3 years old.

-- Ratio:

1 adult for 8 toddlers

-- Group size:

Nebraska identifies two family child care providers, Family Child Care Home I and Family Child Care Home II. The following explains their toddler group sizes:

Family Child Care Home I: The maximum group size for toddlers is 8 toddlers, if only toddlers are in care.

If the program provides care for mixed ages, a group size of 10 children is allowed with two school age children during non-school hours if no more than 2 of the other children in care are identified as infants.

Family Child Care Home II: The maximum group size for toddlers is 10 toddlers if there is one staff, and 12 toddlers if there are two staff, and ONLY toddlers are present.

If the program provides care for mixed ages, and only has one staff, the group size may be 10, however, they are limited to two infants and the ninth and tenth child must be school age.

If the program provides care for mixed ages, and two staff are present, the group size may be 12, but no more than 2 infants are allowed under 12 months of age.

-- Teacher/caregiver qualifications:

Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.

3. Preschool

-- How does the State/territory define preschool (age range):

A child 3 years or older who has not attended kindergarten.

-- Ratio:

1 adult for 8 preschool age children

-- Group size:

Nebraska identifies two family child care providers, Family Child Care Home I and Family Child Care Home II. The following explains their preschool group sizes:

Family Child Care Home I: The maximum group size for preschool age children is 8, if only preschool age children are in care.

If the program provides care for mixed ages, a group size of 10 children is allowed with two school age children during non-school hours if no more than 2 of the other children in care are identified as infants.

Family Child Care Home II: The maximum group size for preschool age children is 10 if there is one staff, and 12 preschool age children if there are two staff, and ONLY preschool age children are present.

If the program provides care for mixed ages, and only has one staff, the group size may be 10, however, they are limited to two infants and the ninth and tenth child must be school age.

If the program provides care for mixed ages, and two staff are present, the group size may be 12, but no more than 2 infants are allowed under 12 months of age.

-- Teacher/caregiver qualifications:

Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.

4. School-age

-- How does the State/territory define school-age (age range):

A child who attends school.

-- Ratio:

1 adult for 10 school-age children

-- Group size:

Group Size: Nebraska identifies two family child care providers, Family Child Care Home I and Family Child Care Home II. The following explains their preschool group sizes:

Family Child Care Home I: The maximum group size for school age children is 10, if only school age children are in care.

If the program provides care for mixed ages, a group size of 10 children is allowed with two school age children during non-school hours if no more than 2 of the other children in care are identified as infants.

Family Child Care Home II: The maximum group size for school age children is 12, if only school age children are in care.

If the program provides care for mixed ages, and only has one staff, the group size may be 10, however, they are limited to two infants and the ninth and tenth child must be school age.

-- Teacher/caregiver qualifications:

Teacher: Must be 19 years of age and be able to understand and become familiar with licensing regulations; support staff must be at least 16 years of age.

5. If any of the responses above are different for exempt family child care homes, please describe which requirements apply to exempt homes

License-exempt family child care homes are allowed a maximum of 6 children, including any children in the provider's household under 13; and a maximum of 3 children from different families.

c) In-home CCDF providers:

1. Describe the ratios

In home providers can provide child care for children within a single household who has been identified as eligible for in home child care subsidy services. The provider is not able to care for their own children while providing this service, or any other children outside of the household who has been identified as eligible.

2. Describe the group size

No more than one family of children.

3. Describe the maximum number of children that are allowed in the home at any one time.

Provider is only allowed to watch the children authorized for care in the family home; and are only authorized for one family to care for. In rare situations where a family has more than six children needing care (Group size over 6 are all siblings) the CCDF program reviews each case to determine if one in home provider is appropriate to ensure the health and safety of children in care.

4. Describe if the state/territory requires related children to be included in the child-to-provider ratio or group size

Provider is not able to watch their own children while providing in-home care.

5. Describe any limits on infants and toddlers or additional school-age children that are allowed for part of the day

Nebraska does not have any limits on age groups within the family.

5.2 Health and Safety Standards and Requirements for CCDF Providers

5.2.2 Health and safety standards for CCDF providers.

States and territories must establish health and safety standards for programs (e.g., child care centers, family child care homes, etc.) serving children receiving CCDF assistance relating to the topics listed below, as appropriate to the provider setting and age of the children served (98.41(a)). This requirement is applicable to all child care providers receiving CCDF funds regardless of licensing status (i.e., licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives because Lead Agencies have the option of exempting relatives from some or all CCDF health and safety requirements (98.42(c)).

a) To certify, describe how the following health and safety standards for programs serving children receiving CCDF assistance are defined and established on the required topics (98.16(l)). Note: This question is different from the health and safety training requirements, which are addressed in question 5.2.3.

Effective Date: 08/31/2019

1. Prevention and control of infectious diseases (including immunization)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Prevention and control of infectious diseases for all CCDF providers include proper disposal of garbage is required to minimize transmission of infectious, hand washing, notification to parents of any reportable communicable disease, and diapering and toileting practices. Immunization records must include: 1) documentation of age appropriate immunization; 2) certification by a physician, advanced practice registered nurse or physicians' assistant that immunization is not appropriate for a stated medical reason; or 3) a written statement that the parent or guardian does not wish to have the child immunized and the reason for that decision.

-- List all citations for these requirements, including those for licensed and license-exempt programs

For Licensed providers: 391 NAC 1-006.04A 391 NAC 2-006.04A, and 391 NAC 3-

006.10A.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

To address SIDS and safe sleep, there are staffing requirements for nap/sleep times to ensure safety of the children. Infants must sleep on their back unless there is a medical reason and written note from physician. Providers must have appropriate sleeping surfaces for all. Sleep surfaces must not be the top level of a bunk bed for

children age 5 and under, stackable cribs, waterbeds for children age 3 and under, and cots, cushions, futons, mats, or pillows for infants 12 months our under.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.04B, 391 NAC 2-006.04B, and 391 NAC 3-006.08A.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

Sleep requirements vary for children under 12 months and over 12 months.

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

3. Administration of medication, consistent with standards for parental consent

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Providers are required to follow the "Five Rights" when giving medication which include: 1. The right drug; 2. The right recipient; 3. In the right dose; 4. By the right route; and 5. At the right time. Parent/Caretaker must give written permission and instructions to the provider allowing administration of medication to child. Providers must maintain confidentiality of children receiving medication. Providers must follow proper hand washing before and after giving or applying medication. Medication must be properly stored and appropriate record-keeping must be maintained.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.20; 391; 391 NAC 2-006.20; and 391 NAC 3-006.27.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

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-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers. .

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

4. Prevention of and response to emergencies due to food and allergic reactions

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

A child's record must include a list of the child's allergies and intolerance to food, insect bites, or stings, or other factors that result in a medical reaction, and clear instructions in the event of an exposure to the factor.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.21; 391 NAC 2-006.21; and 391 NAC 3-006.28.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

5. Building and physical premises safety, including the identification of and protection from hazards that can cause bodily injury, such as electrical hazards, bodies of water, and vehicular traffic

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Physical environment standards include water and sewer requirements, appropriate square footage, safe, clean and functional space for child care, fencing, and outdoor space. Physical environment standards must be designed, constructed, and maintained in a manner that is safe, clean, and functional for child care.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers:391 NAC 1-006.24; 391 NAC 2-006.24; and 391 NAC 3-006.31.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by.

Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Providers must be trained in recognizing and immediately reporting any signs of child abuse or neglect, including shaken baby syndrome. Providers must be aware of the signs of abusive head trauma including: bleeding in the eyes or retinal hemorrhaging which is unique to abusive head trauma and not likely to be seen in other injuries or accidents. Providers must call the Nebraska Child Abuse and Neglect Hotline.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.04B; 391 NAC 2-006.04B; and 391 NAC 3-006.08A.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety

standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a)(1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1)). Emergency preparedness and response planning (at the child care provider level) must also include procedures for evacuation; relocation; shelter-in-place and lockdown; staff and volunteer training and practice drills; communications and reunification with families; continuity of operations; and accommodations for infants and toddlers, children with disabilities, and children with chronic medical conditions.

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Providers are required to create an emergency preparedness plan in each of the following areas: evacuation; relocation; shelter-in-place; reunification with families; continuity of operations; accommodations of infants and toddlers; accommodations of children with disabilities; complete fire and tornado drills.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.23D; 391 NAC 2-006.23D; and 391 NAC 3006.30D.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Poisonous materials and medications must be stored in a safe and locked area to prevent access to children. Waterproof storage must be used for soiled or wet clothing. Providers must follow sewer requirements to maintain sanitation and must properly dispose of garbage and rubbish.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.25E; 391 NAC 2-006.25E; and 391 NAC 3-006.32E.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

9. Precautions in transporting children (if applicable)

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Transportation policies include: no child left alone in a vehicle; proper vehicle insurance and registration; appropriate car seats; written permission from parent; transporter must be first-CPR certified; and first aid kit in vehicle.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.19; 391 NAC 2-006.19; and 391 NAC 3-006.10C.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers. The

Lead Agency does not reimburse for licensed-exempt providers to transport. However, knowing they may to help the family we expect the following.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives are not exempt from this requirement, it is outlined on their provider agreement.

10. Pediatric first aid and cardiopulmonary resuscitation (CPR) certification

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

As of 10/1/18, Pediatric Cardiopulmonary Resuscitation (CPR) certification and training and First Aid training is required for all CCDF providers and staff working with children.

Licensing regulations do not require all staff to have First Aid and CPR certification and training, only a percentage. Draft regulations for Licensing will specify CPR to be 'pediatric CPR'.

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.04A; 391 NAC 2-006.04A; and 391 NAC 3-006.10.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are

pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Per Title 391, FCCH I/II are required to have First Aid/CPR prior to their license. In a center setting, at least one staff member with First Aid/CPR training must be on the premises at all times during operation. Anyone providing transportation must have a current certificate First Aid/CPR. Draft regulations for Licensing will specify CPR to be 'pediatric CPR'.

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

11. Recognition and reporting of child abuse and neglect

-- Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Providers must practice and have an understanding of recognizing and immediately reporting any signs of child abuse or neglect. If a provider notices an injury that is unexplained or not consistent with the explanation given and doesn't appear to be accidental, they must document and report. A provider must call the Nebraska Child Abuse and Neglect Hotline. A provider should gather all relevant information before calling the hotline (i.e., child's name, date of birth, parent's names, phone numbers,

addresses, physical indicators noticed, behaviors observed, etc.).

-- List all citations for these requirements, including those for licensed and license-exempt providers

For Licensed providers: 391 NAC 1-006.04B; 391 NAC 2-006.04B; and 391 NAC 3-006.08A.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Children's Services Licensing regulations apply for all licensed providers (CCDF and non-CCDF).

CCDF regulations and the Child Care Subsidy Provider Agreement applies for all licensed providers with a CCDF agreement and all licensed-exempt providers.

-- Describe any variations based on the age of the children in care

N/A

-- Describe if relatives are exempt from this requirement

N/A

b) Does the Lead Agency include any of the following optional standards?

No, if no, skip to 5.2.3.

- Yes, if yes provide the information related to the optional standards addressed.

1. Nutrition

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

All staff in a licensed center setting, who are responsible for menu planning, food preparation, and food safety must be provided at least four clock hours of training in nutrition and food safety within 30 days of employment and annually thereafter. All licensed providers must meet USDA requirements regarding food groups and serving sizes, meals and snacks must be appropriate to the needs of children in care, and weekly menus must be given to parents upon request. License-exempt providers are require to serve nutritious meals/snacks, keep cooking and eating areas and equipment clean and in good repair, and store perishable foods served to children covered in containers.

-- List all citations for these requirements, including those for licensed and license-exempt providers

391 NAC 3-006.10B; 391 NAC 2-006.21; 391 NAC 1-006.21; and 392 NAC 5-003

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Regulations related to nutrition are currently different for Licensed Centers, Licensed Family Child Care Homes I/II and licensed exempt providers.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

2. Access to physical activity

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Programs must include indoor and outdoor play areas.

-- List all citations for these requirements, including those for licensed and license-exempt providers

391 NAC 3-006.22; 391 NAC 2-006.15; 391 NAC 1-006.15

-Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

All licensed child care programs are required to meet these standards.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Nebraska does not have physical activity standards for exempt providers.

3. Caring for children with special needs

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

Providers are required to assess their own ability and the ability of all staff to provide care for children with special needs while meeting the needs of other children enrolled. Providers must have a written plan on how the evacuation of children with special needs will be conducted in the event of a disaster, fire, or tornado. Providers must have toilet and sinks designed to accommodate children with special needs.

-- List all citations for these requirements, including those for licensed and license-exempt providers

391 NAC 1-006.01; 391 NAC 1-006.23C, D; 391 NAC 1-007.06; 391 NAC 2-006.01; 391 NAC 2-006.23C, D; 391 NAC 2-007.06; 391 NAC 3-006.02; 391 NAC 3-006.20C, D; 391 NAC 3-007.04

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

All licensed child care programs are required to meet these standards.

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

Nebraska does not have special need standards for exempt providers.

4. Any other areas determined necessary to promote child development or to protect children's health and safety (98.44(b)(1)(iii)).

Describe:

No additional standards.

--Provide a brief summary of how this standard is defined (i.e., what is the standard, content covered, practices required, etc.)

N/A

-- List all citations for these requirements, including those for licensed and license-exempt providers

N/A

--Describe any variations by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

N/A

-- Describe any variations based on the age of the children in care.

N/A

--Describe if relatives are exempt from this requirement

N/A

5.2.3 Health and safety training for CCDF providers on required topics.

Lead Agencies are required to have minimum pre-service or orientation training requirements (to be completed within 3 months), as appropriate to the provider setting and the age of children served, that address the health and safety topics described in 5.2.2, and child development. Lead Agencies must also have ongoing training requirements on the health and safety topics for caregivers, teachers, and directors of children receiving CCDF funds (658E(c)(2)(I)(i); 98.44(b)(1)(iii)). The state/territory must describe its requirements for pre-service or orientation training and ongoing training. These trainings should be part of a broader systematic approach and progression of professional development (as described in section 6) within a state/territory. Lead Agencies have flexibility in determining the number of training hours to require, but they may consult with Caring for our Children Basics for best practices and the recommended time needed to address these training requirements.

Effective Date: 08/31/2019

Pre-Service or Orientation Training Requirements

a) Provide the minimum number of pre-service or orientation training hours on health and safety topics for caregivers, teachers, and directors required for the following:

1. Licensed child care centers:

Currently, Title 391 Children's Services Licensing, allow directors to receive an orientation training by the Child Care Licensing Specialist. Directors are required to provide an orientation training to all of their staff. Cardiopulmonary Resuscitation (CPR) training and First Aid training is required for at minimum one staff on the premise to be current in certification of training. Any staff who provide transportation is required to be current in CPR certification.

All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take Pediatric First Aid/CPR training will training and obtain a certification. This training is not a requirement for license non-CCDF providers and relative license-exempt providers. This was implemented on October 1, 2018.

Nebraska developed a pre-service orientation training called Prepare to Care. This is free of cost, available on line, and Nebraska based. All required health and safety topics are included in this pre-service orientation with the exception of Pediatric First

Aid/CPR. Pediatric First Aid/CPR is required for all providers but offered separate from the on-line training. All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take the Prepare to Care training and Pediatric First Aid/CPR training and certification. Six hours of credit is provided when a provider completes Prepare to Care and Pediatric First Aid/CPR training and certification

This training currently is not a requirement for licensed non-CCDF providers and relative license-exempt providers.

2. Licensed FCC homes:

Nebraska developed a pre-service orientation training called Prepare to Care. This is free of cost, available on line, and Nebraska based. All required health and safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR. Pediatric First Aid/CPR is required for all providers but offered separate from the on-line training. All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take the Prepare to Care training and Pediatric First Aid/CPR training and certification. Six hours of credit is provided when a provider completes Prepare to Care and Pediatric First Aid/CPR training and certification

This training currently is not a requirement for licensed non-CCDF providers and relative license-exempt providers.

3. In-home care:

Nebraska developed a pre-service orientation training called Prepare to Care. This is free of cost, available on line, and Nebraska based. All required health and safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR. Pediatric First Aid/CPR is required for all providers but offered separate from the on-line training. All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take this the Prepare to Care training and Pediatric First Aid/CPR training and certification. Six hours of credit is provided when a provider completes Prepare to Care and Pediatric First Aid/CPR training and certification

In-home providers do not hold a license. CCDF Relative only providers are exempt from this requirement.

4. Variations for exempt provider settings:

Nebraska developed a pre-service orientation training called Prepare to Care. This is free of cost, available on line, and Nebraska based. All required health and safety

topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR. Pediatric First Aid/CPR is required for all providers but offered separate from the on-line training. All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take this the Prepare to Care training and Pediatric First Aid/CPR training and certification. Six hours of credit is provided when a provider completes Prepare to Care and Pediatric First Aid/CPR training and certification.

CCDF Relative only providers are exempt from this requirement.

b) Provide the length of time that providers have to complete trainings subsequent to being hired (must be 3 months or fewer)

CCDF Licensed and Licensed-Exempt providers: To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program. Providers have 60 days to complete required trainings.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

c) Explain any differences in pre-service or orientation training requirements based on the ages of the children served

No differences

d) Describe how the training is offered, including any variations in delivery (e.g. across standards, in rural areas, etc.) Note: There is no federal requirement on how a training must be delivered

Pediatric First Aid/CPR is offered in person throughout communities within Nebraska. Prepare to Care is currently offered on-line.

e) Identify below the pre-service or orientation training requirements for each topic (98.41(a)(1)(i through xi)).

1. Prevention and control of infectious diseases (including immunizations)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers prevention and control of infectious disease (including immunization).

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

Training covers the prevention of sudden infant death syndrome and the use of safe-sleep practices.

Does the state/territory require that this training topic be completed before

caregivers, teachers, and directors in licensed CCDF are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 3. Administration of medication, consistent with standards for parental consent

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

391 NAC 1-006.20; 391; 391 NAC 2-006.20; and 391 NAC 3-006.27 (Part of the 2 hour pre-service training). Title 329 Child Care Subsidy Program regulations are currently in draft form.

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the

Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers administration of medication, consistent with standards for parental consent.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 4. Prevention and response to emergencies due to food and allergic reactions

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers prevention and response to emergencies due to food and allergic reaction.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to

Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers building and physical premises safety.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives will be exempt from this requirement.

5.2.3e 6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training will cover prevention of shaken baby syndrome, abusive head trauma, and child maltreatment.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed

to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required

Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers the handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 9. Appropriate precautions in transporting children (if applicable)

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A

second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

Training covers appropriate precautions in transporting children.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 10. Pediatric first aid and CPR certification

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of

Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

All CCDF/Subsidy providers, caregivers, teachers, and directors are required to take First Aid/CPR training and be certified.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 11. Recognition and reporting of child abuse and neglect

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training will cover recognition and reporting of child abuse and neglect.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives are be exempt from this requirement.

5.2.3e 12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training.

The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

This training covers age appropriate child development.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

5.2.3e 13.

Describe other training requirements, such as nutrition, physical activities, caring for children with special needs, etc..

Business Management Training required for Licensed Family Child Care Home I & II.

Nebraska developed a state specific health and safety training called Prepare to Care. Prepare to Care is a free on-line training for all CCDF providers and staff, meeting the pre-service orientation training needs of CCDBG. All required Health and Safety topics are included in this pre-service orientation with the exception of Pediatric First Aid/CPR training and certification. Pediatric First Aid/CPR training and certification is required for all providers but offered separate from the on-line training. Topics such as: nutrition, physical activities, and caring for children with special needs is quickly covered in Prepare to Care.

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

391 NAC 1-006.04C; 391 NAC 2-006.04C

There is not a CCDF training requirement for this. However, to meet compliance with all of the required Health and Safety topics while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by.

Agreements are renewed annually and signed by the subsidy program.

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in licensed CCDF programs are allowed to care for children unsupervised?

Yes

No

Does the state/territory require that this training topic be completed before caregivers, teachers, and directors in license-exempt CCDF programs are allowed to care for children unsupervised?

Yes

No

Describe if relatives are exempt from this requirement

Relatives defined as immediate family (aunts, uncles, grandparents, or sibling) and are exempt from this requirement.

Ongoing Training Requirements

5.2.4 Provide the minimum number of annual training hours on health and safety topics for caregivers, teachers, and directors required for the following.

Effective Date: 08/31/2019

a) Licensed child care centers:

Staff members who provide direct care to children must obtain 12 clock hours of training annually; staff who work 20 hours or less each week must obtain 6 clock hours of training annually. Staff who provide direct care includes the licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio.

b) Licensed FCC homes:

Primary provider and each staff member, not including substitutes or volunteers, must obtain 12 clock hours of training annually. Staff who work 20 hours or less each week

must complete 6 hours of training annually.

c) In-home care:

In-home providers are required to complete 4 annual hours of training 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx> . A regulatory public hearing for Title 392, Child Care Subsidy Program, is scheduled for October 25, 2019. Regulations proposed will put the health and safety training requirements in the Child Care Subsidy Provider Agreement in state regulations.

d) Variations for exempt provider settings:

License-exempt providers are required to complete 4 annual hours of training 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx> . A regulatory public hearing for Title 392, Child Care Subsidy Program, is scheduled for October 25, 2019. Regulations proposed will put the health and safety training requirements in the Child Care Subsidy Provider Agreement in state regulations.

5.2.5 Describe the ongoing health and safety training for CCDF providers by category of care (i.e., center, FCC, in-home) and licensing status (i.e., licensed, license-exempt).

Effective Date: 08/31/2019

1. Prevention and control of infectious diseases (including immunizations)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of

which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Child care provider and staff required to complete training hours include: the licensee, director, teacher, aid, and anyone else caring for children who is count in the staff to child ratio. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

2. Prevention of sudden infant death syndrome and the use of safe-sleep practices

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

(License) Training on sudden infant death syndrome and the use of safe-sleep practices must be completed by child care center director, teachers, and aids, with 50% of teachers having this completed within three years from the operative date. Family Child Care Homes must complete this training within three years of their operative date, and every five years afterwards.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

3. Administration of medication, consistent with standards for parental consent

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are

pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Staff who provide direct care includes the licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

4. Prevention and response to emergencies due to food and allergic reactions

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Staff who provide direct care includes the licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

5. Building and physical premises safety, including the identification of and protection from hazards, bodies of water, and vehicular traffic

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training. Staff who provide direct care includes the licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

6. Prevention of shaken baby syndrome, abusive head trauma, and child maltreatment

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>

. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

(License) Training on shaken baby syndrome, abusive head trauma, and child maltreatment must be completed by child care center director, teachers, staff, and aids with 50% of teachers having this completed within three years from the operative date. Family Child Care Homes must complete this training within three years of their operative date, and every five years afterwards.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

7. Emergency preparedness and response planning for emergencies resulting from a natural disaster or a human-caused event

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

License-exempt and in-home providers are required to complete an Emergency Planning Workbook. This is reviewed annually with the provider and their Resource Development worker.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training.

Staff who provide direct care includes the licensee, director, teacher, aids, and anyone else caring for children who count in the staff to child ratio. Training must

include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt and in-home providers are required to complete an Emergency Planning Workbook. This is reviewed and modified annually with the provider and their Resource Development (RD) worker. The RD worker's hand-one review with the provider meets an annual training.

8. Handling and storage of hazardous materials and the appropriate disposal of bio-contaminants

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; and 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child

Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

As seen fit. Licensed child care providers (not including substitutes or volunteers) must obtain 12 clock hours of annual training. Staff who work 20 hours or less each week must complete six hours of annual training.

Staff who provide direct care includes the licensee, director, teacher, aids, and anyone else caring for children who count in the staff to child ratio. Training must include but is not limited to the following topics: safe environments; healthy environments; learning environments; physical development; cognitive learning; communication; creative learning; self-esteem; social development; guidance; family relationships; program management; and professionalism.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

9. Appropriate precautions in transporting children (if applicable)

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed

providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; 391 NAC 3-006.10D

CCDF does not authorize or pay for license-exempt CCDF programs to transport. All licensed CCDF providers would follow licensing regulations and requirements.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Child care providers are required to ensure all conditions are met required by regulations on a continuous basis, and follow state laws. Child care center staff are required to complete "Safe Kids Buckle Up" within 90 days of employment, and every five years thereafter, if they provide transportation. Child care center staff who transport children are also required to be CPR/First Aid certified within one year of employment.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

CCDF does not authorize or pay for license-exempt CCDF programs to transport, therefore there is no training requirement.

10. Pediatric first aid and CPR certification

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

This is not a requirement for all license non-CCDF providers to obtain. Regulations supporting those who have to be trained are at: All 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

CCDF providers are required to complete pediatric first aid and CPR training and be certified.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

Pediatric First Aid and CPR certificates are good for two years. This is required for all who provide care for children, including licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio. To remain certified, providers must complete the training every two years.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

Every two years, as certification ends.

11. Recognition and reporting of child abuse and neglect

-- Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04B; 391 NAC 2-006.04E; and 391 NAC 3-006.08A

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

(License) Training on recognition and reporting of child abuse and neglect must be completed by child care center teachers, with 50% of teachers having this completed within three years from the operative date. Staff who provide direct care includes the licensee, director, teacher, aid, and anyone else caring for children who count in the staff to child ratio. Family Child Care Homes must complete this training within three years of their operative date, and every five years afterwards.

-- How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

12. Child development (98.44(b)(1)(iii))

Provide the citation for this training requirement, including citations for both licensed and license-exempt providers

Ongoing health and safety training on this topic is a requirement for all licensed providers. This would include all CCDF licensed providers. 391 NAC 1-006.04EB; 391 NAC 2-006.04E; 391 NAC 3-006.10D

License-exempt providers are required to complete 4 annual hours of training, 2 of which are to be topics from the Health and Safety required trainings. For license-exempt providers, this is currently outlined in the Child Care Subsidy Provider Agreement found on-line at <http://dhhs.ne.gov/Pages/Child-Care-Provider-Forms.aspx>. The Child Care Subsidy Program held a public hearing on October 25, 2019. A second public hearing is required and pending a hearing date. Health and safety standards and training requirements are in the draft regulations for Title 392.

To meet compliance with the Health and Safety requirements while regulations are pending, the Lead Agency in assistance with their legal department revised the Child Care Subsidy Provider Agreement. This agreement outlines the required Health and Safety standards and training requirements for each Subsidy program is to adhere by. Agreements are renewed annually and signed by the subsidy program.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

(License) Nebraska's Early Learning Guidelines Training. The primary provider must complete training in the seven domains of Nebraska's Early Childhood Learning Guidelines developed by the ECTC. Any proposed equivalent training must be approved by the Department. The domains are: Approaches to Learning, Creative Arts, Health and Physical Development, Language and Literacy Development, Mathematics, Science, and Social and Emotional Development. At least, one domain every year.

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

License-exempt providers must take a minimum of 2 hours out of the 4 annual hours on any required health and safety topic. The provider can choose the specific health and safety topic as they see fit.

13. Describe other requirements such as nutrition, physical activities, caring for children with special needs, etc..

No other requirements.

Provide the citation for other training requirements, including citations for both licensed and license-exempt providers

N/A

How often does the state/territory require that this training topic be completed by

caregivers, teachers, and directors in licensed CCDF programs?

Annually

Other

Describe:

N/A

How often does the state/territory require that this training topic be completed by caregivers, teachers, and directors in licensed-exempt CCDF programs?

Annually

Other

Describe:

N/A

5.3 Monitoring and Enforcement Policies and Practices for CCDF Providers

5.3.1 Enforcement of licensing and health and safety requirements

Lead agencies must certify that procedures are in effect to ensure that child care providers caring for children receiving CCDF services comply with all applicable State and local health and safety requirements, including those described in 98.41 (98.42(a)). This may include, but is not limited to, any systems used to ensure that providers complete health and safety trainings, any documentation required to be maintained by child care providers or any other monitoring procedures to ensure compliance. Note: Inspection requirements are described starting in 5.3.2.

To certify, describe the procedures to ensure that CCDF providers comply with all applicable State and local health and safety requirements

All CCDF providers are required to have one annual inspection per year. Licensed CCDF providers must have at least one unannounced inspection annually for less than 30 children, and at least two unannounced inspections annually if they are licensed for 30 or more children. Staff records and training is reviewed during these inspections. License-exempt providers have an annual inspection, are required to ensure compliance by completing a standards checklist with their Resource Developer, and once implemented, the Resource Developer will review pre-service and annual trainings requirements.

Amendment 5.3.1: The Lead Agency does not inspect or monitor in-home child care providers (care provided in child's home). The Lead Agency funds in-home child care with state dollars; no CCDF funds or state matching funds are used. Lead Agency does not conduct inspections of in-home providers or post annual inspection or monitoring reports for in-home child care subsidy providers.

Effective Date: 06/11/2020

5.3.2 Inspections for licensed CCDF providers.

Lead agencies must require licensing inspectors to perform inspections-with no fewer than one pre-licensure inspection for compliance with health, safety, and fire standards-of each child care provider and facility in the state/territory. Licensing inspectors are required to perform no fewer than one annual, unannounced inspection of each licensed CCDF provider for compliance with all child care licensing standards; it shall include an inspection for compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards; inspectors may inspect for compliance with all three standards - health, safety, and fire - at the same time (658E(c)(2)(K)(i)(II); 98.16 (n); 98.42(b)(2)(i)). Certify by responding to the questions below to describe your state/territory's monitoring and enforcement procedures to ensure that licensed child care providers comply with licensing standards, including compliance with health and safety (including, but not limited to, those requirements described in 98.41) and fire standards.

Effective Date: 10/01/2018

a) Licensed CCDF center-based child care

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed child care center providers for compliance with health, safety, and fire standards

All licensed child care programs must have pre-licensure inspections that include health, safety, and fire standard requirements. These requirements must be in full compliance before a license will be issued.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF child care center providers

Nebraska law requires at least one unannounced annual inspection to programs with capacities of less than 30. For those programs with capacities of 30 or more, the law requires at least 2 unannounced inspections. This does not include any inspections made as a result of complaints or discipline monitoring.

3. Identify the frequency of unannounced inspections:

- Once a year
 More than once a year

Describe:

For programs with capacities of 30 or more, two unannounced inspections are required; otherwise annual inspections are conducted.

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that child care center providers comply with the applicable licensing standards, including health, safety, and fire standards.

When programs are initially licensed and at every other inspection, a full complete review of all regulations occurs. In those other years, a "shortened" checklist is used which includes all key regulations that address health, safety, and fire standards are evaluated. Those key regulations include capacity, ratio, sanitation, fire safety requirements, training, background checks, and records.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF center providers

391 NAC 3-005

b) Licensed CCDF family child care home

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed family child care providers for compliance with health, safety, and fire standards

All licensed child care programs must have pre-licensure inspections that include health, safety, and fire standard requirements. These requirements must be in full compliance before a license will be issued.

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF family child care providers

Nebraska law requires at least one unannounced annual inspection to programs with capacities of less than 30. This does not include any inspections made as a result of complaints or discipline monitoring. Due to the allowable capacity of licensed CCDF family child care homes, they all receive at minimum one unannounced inspection each year.

3. Identify the frequency of unannounced inspections:

- Once a year
 More than once a year

Describe:

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that CCDF family child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

When programs are initially licensed and at every other inspection, a full complete review of all regulations occurs. In those other years, a "shortened" checklist is used which includes all key regulations that address health, safety, and fire standards are evaluated. Those key regulations include capacity, ratio, sanitation, fire safety requirements, training, background checks, and records.

5. List the citation(s) for your state/territory's policies regarding inspections for licensed CCDF family child care providers

391 NAC 1-005; 391 NAC 2-005

c) Licensed in-home CCDF child care

- N/A. In-home CCDF child care (care in the child's own home) is not licensed in the State/Territory. Skip to 5.3.2 (d).

1. Describe your state/territory's requirements for *pre-licensure inspections* of licensed in-home child care providers for compliance with health, safety, and fire standards

N/A

2. Describe your state/territory's requirements for annual, unannounced inspections of licensed CCDF in-home child providers

N/A

3. Identify the frequency of unannounced inspections:

Once a year

More than once a year

Describe:

N/A

4. Describe the monitoring procedures (including differential monitoring, if applicable) and how the inspections ensure that in-home CCDF child care providers comply with the applicable licensing standards, including health, safety, and fire standards.

N/A

5. List the citation(s) for your state/territory's policies regarding inspections for licensed in-home CCDF providers

N/A

d) List the entity(ies) in your state/territory that are responsible for conducting pre-licensure inspections and unannounced inspections of licensed CCDF providers

Nebraska Department of Health and Human Services-Division of Public Health-Licensure Unit - Children's Services Licensing program.

5.3.3 Inspections for license-exempt CCDF providers

Lead Agencies must have policies and practices that require licensing inspectors (or qualified monitors designated by the Lead Agency) to perform an annual monitoring visit of each license-exempt CCDF provider for compliance with health, safety (including, but not limited to, those requirements described in 98.41), and fire standards (658E(c)(2)(K)(i)(IV); 98.42(b)(2)(ii)). Lead Agencies have the option to exempt relative providers (as described in section (658P(6)(B))

from this requirement. To certify, respond to the questions below to describe the policies and practices for the annual monitoring of:

Effective Date: 06/11/2020

a) License-exempt center-based CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

N/A; Nebraska does not have license-exempt center-based CCDF providers.

Provide the citation(s) for this policy or procedure

N/A

b) License-exempt family child care CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, and if differential monitoring is used

In Nebraska, the License-exempt population consist only of the family/friend/neighbor populations. License-exempt providers are all CCDF providers and are assigned a Resource Developer worker. The Resource Developer completes a pre-inspection and annually inspects the provider's home to ensure health, safety, and fire standards are met. Monitoring is completed by a physical walk-through of the home, completing a health and safety checklist to ensure standards are met, and once implemented, a review of required training verifications.

Provide the citation(s) for this policy or procedure

392 NAC 5-003

c) License-exempt in-home CCDF providers, including if monitoring is announced or unannounced, occurs more frequently than once per year, if relative care is exempt from monitoring, and if differential monitoring is used

Amendment 5.3.3 c): Lead Agency funds in-home child care (care provided in child's home) with state dollars; no CCDF funds or state matching funds are used. Lead Agency does not conduct inspections of in-home providers or post annual inspection or monitoring reports for in-home child care subsidy providers. The Lead Agency has policies and procedures in place to monitor in-home child care providers. These include:

- Initial and annual in-person meetings between the Lead Agency and the in-home provider to renew the child care subsidy provider agreement;
- Signed checklist agreement between the provider and client, stating they understand subsidy rules and regulations;
- Annual state repository checks.
- Pediatric First Aid and CPR;
- Prepare to Care;
- Emergency preparedness workbook; and
- Annual training;

Relatives are exempt from pediatric first aid and CPR, prepare to care, the emergency preparedness workbook, and annual training

Provide the citation(s) for this policy or procedure

392 NAC 5-002

d) Lead Agencies have the option to develop alternate monitoring requirements for care provided in the child's home (98.42(b)(2)(iv)(B)). Does your state use alternate monitoring procedures for monitoring in-home care?

No

Yes. If yes,

describe:

The Lead Agency does not inspect the child's home where in-home care is being provided. The Resource Developers meet annually with the in-home provider through office visits. During this time, the expectations and requirements listed on the CCDF/Subsidy Agreement are reviewed. The provider and family is required to review and sign a monitoring checklist annually to ensure health and safety is being met while care is provided. This form is required.

e) List the entity(ies) in your state/territory that are responsible for conducting inspections of license-exempt CCDF providers

The Lead Agency is responsible for conducting inspections of license-exempt CCDF providers.

5.3.4 Licensing inspectors.

Effective Date: 10/01/2018

Lead Agencies will have policies and practices that ensure that individuals who are hired as licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care providers and facilities and have received health and safety training appropriate to the provider setting and age of the children served. Training shall include, but is not limited to, those requirements described in 98.41(a)(1) and all aspects of the State's licensure requirements (658E(c)(2)(K)(i)(I); 98.42(b)(1-2)).

a) To certify, describe how the Lead Agency ensures that licensing inspectors (or qualified monitors designated by the Lead Agency) are qualified to inspect child care facilities and providers and that those inspectors have received training on health and safety requirements that are appropriate to the age of the children in care and the type of provider setting (98.42(b)(1-2)).

State of Nebraska Class Specification for a Child Care Inspection Specialist states that graduation from an accredited 4 year college or university with a specialization in elementary/early childhood education field, human development, child development, nursing, sociology, psychology or social work. Child Care Inspection Specialist receive on the job health and safety training and are crossed trained to be the training of the current Health and Safety Preservice for child care providers.

b) Provide the citation(s) for this policy or procedure

Class code is X6710. This job specification may be found on the Nebraska Department of Administrative Services-State Personnel website.

5.3.5 The states and territories shall have policies and practices that require the ratio of licensing inspectors to child care providers and facilities in the state/territory to be maintained at a level sufficient to enable the state/territory to conduct effective inspections of child care providers and facilities on a timely basis in accordance with federal, state, and local laws (658E(c)(2)(K)(i)(III); 98.42(b)(3)).

Effective Date: 10/01/2018

a) To certify, describe the state/territory policies and practices regarding the ratio of licensing inspectors to child care providers (i.e. number of inspectors per number of child care providers) and facilities in the state/territory and include how the ratio is sufficient to conduct effective inspections on a timely basis.

The Lead Agency does not have policy/procedure regarding the ratio of licensing inspector to child care programs. Nebraska law states that all licensed child care program must have at least one unannounced inspection if the program has a capacity of less than 30 and at least two unannounced inspections if the program has a capacity of 30 or more. These inspections must be done annually. All statutorily required inspections were completed in years 2016 and 2018. Inspections are monitored monthly to ensure they are on track to being completed by the end of the year. If an area has had more complaints or staff vacancies, inspections are re-assigned to other staff. Metro areas tend to have larger centers which, if over a licensing capacity of 30 would require two unannounced inspections within a year. An estimated number of annually/semi-annual in conducted in the beginning of the year to adjust staff/caseload ratios for the year. Metro area with larger centers can average 1:125 and rural areas in the state, where there are smaller facilities and do not require as many inspections but more traveling, can average 1:55.

b) Provide the policy citation and state/territory ratio of licensing inspectors

N/A

5.3.6 States and territories have the option to exempt relatives (defined in CCDF regulations as grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles (98.42(c)) from inspection requirements. Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from the inspection requirements listed in 5.3.3?

Effective Date: 10/01/2018

Yes, relatives are exempt from all inspection requirements.

If the state/territory exempts relatives from all inspection requirements, describe how the state ensures the health and safety of children in relative care.

Yes, relatives are exempt from some inspection requirements.

If the state/territory exempts relatives from the inspection requirements, describe which inspection requirements do not apply to relative providers (including which relatives may be exempt) and how the State ensures the health and safety of children in relative care.

No, relatives are not exempt from inspection requirements.

5.4 Criminal Background Checks

The CCDBG Act requires states and territories to have in effect requirements, policies and procedures to conduct criminal background checks for all child care staff members (including prospective staff members) of all child care programs that are 1) licensed, regulated, or registered under state/territory law; or, 2) all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers) (98.43(a)(1)(i)). Background check requirements apply to any staff member who is employed by a child care provider for compensation, including contract employees and self-employed individuals; whose activities involve the care or supervision of children; or who has unsupervised access to children (98.43(2)). For FCC homes, this requirement includes the caregiver and any other adults residing in the family child care home who are age 18 or older (98.43(2)(ii)(C)). This requirement does not apply to individuals who are related to all children for whom child care services are provided (98.43(2)(B)(ii)).

A criminal background check must include 8 specific components (98.43(2)(b)), which encompass 3 in-state checks, 2 national checks, and 3 inter-state checks

Components	In-State	National	Inter-State
1. Criminal registry or repository using fingerprints in the current state of residency	x		
2. Sex offender registry or repository check in the current state of residency	x		
3. Child abuse and neglect registry and database check in the current state of residency	x		
4. FBI fingerprint check		x	
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)		x	
6. Criminal registry or repository in any other state where the individual has resided in the past 5 years, with the use of fingerprints being optional			x
7. Sex offender registry or repository in any other state where the			x

individual has resided in the past 5 years			
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years			X

In recognition of the significant challenges to implementing the Child Care and Development Fund (CCDF) background check requirements, all States applied for and received extensions through September 30, 2018. The Office of Child Care (OCC)/Administration for Children and Families (ACF)/U. S. Department of Health and Human Services (HHS) is committed to granting additional waivers of up to 2 years, in one year increments (i.e., potentially through September 30, 2020) if significant milestones for background check requirements are met.

In order to receive these time-limited waivers, states and territories will demonstrate that the milestones are met by responding to questions 5.4.1 through 5.4.4 and then apply for the time-limited waiver by completing the questions in Appendix A: Background Check Waiver Request Form. By September 30, 2018, states and territories must have requirements, policies and procedures for four specific background check components, and must be conducting those checks for all new (prospective) child care staff, in accordance with 98.43 and 98.16(o):

--The national FBI fingerprint check; and,	
--The three in-state background check provisions for the current state of residency:	
	--state criminal registry or repository using fingerprints;
	--state sex offender registry or repository check;
	--state-based child abuse and neglect registry and database.

All four components are required in order for the milestone to be considered met.

Components	New (Prospective) Staff	Existing Staff
1. Criminal registry or repository using fingerprints in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
2. Sex offender registry or repository check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
3. Child abuse and neglect registry and database check in the current state of residency	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
4. FBI fingerprint check	Milestone/Prerequisite for Waiver	Possible Time Limited Waiver for current (existing) staff
5. National Crime Information Center (NCIC) National Sex Offender Registry (NSOR)	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff	
6. Criminal registry or repository in any	Possible Time Limited Waiver for:	

other state where the individual has resided in the past 5 years, with the use of fingerprints being optional	--Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
7. Sex offender registry or repository in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff
8. Child abuse and neglect registry and database in any other state where the individual has resided in the past 5 years	Possible Time Limited Waiver for: --Establishing requirements and procedures and/or --Conducting checks on all new (prospective) staff and/or --Conducting checks on current (existing) staff

Use the questions below to describe the status of the requirements, policies and procedures for background check requirements. These descriptions must provide sufficient information to demonstrate how the milestone prerequisites are being met and the status of the other components that are not part of the milestone. Lead Agencies have the opportunity to submit a waiver request in Appendix A: Background Check Waiver Request Form, for components not included in the milestones. Approval of these waiver requests will be subject to verification that the milestone components have been met as part of the CCDF Plan review and approval process.

In-state Background Check Requirements

5.4.1 In-State Criminal Registry or Repository Checks with Fingerprints Requirements (98.43(b)(3)(i)).

Note: A search of a general public facing judicial website does not satisfy this requirement. This check is required in addition to the national FBI criminal history check (5.4.4 below) to mitigate any gaps that may exist between the two sources.

Effective Date: 11/22/2019

- a) Milestone #1 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state criminal registry or repository, with the use of fingerprints required in the state where the staff member resides.
 - i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Requirements for all Licensed Child Care Providers (Family Child Care Homes I/II, Child Care Centers, School Age Only Centers, and Preschools):

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes in-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. The individual submitting prints is required to pay the actual cost of the fingerprinting and processing. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

Checks are completed at the time of a license application and/or new staff hiring.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks that include in-state criminal repository (not using fingerprints) with Nebraska Data Exchange Network for each provider and household member age 13 or older residences.

If an individual has lived in Nebraska less than 5 years, the individual must obtain documentation of a criminal history record check from the previous state(s) of residence. License-Exempt provider do not have staff, therefore, when they request and provide their own out-of-state background check, there are no confidentiality issues. Checks are completed at the time of a new CCDF/Subsidy Agreement and each year at renewal.

b) Has the search of the in-state criminal registry or repository, with the use of fingerprints, been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Nebraska does not meet the criteria to be eligible for a waiver. A legislative proposal was submitted in 2017 to make a change in current state statute, requiring fingerprinting, but did not advance out of committee. State law (Nebraska revised state statute 68-1206) passed on 5/30/19 out of the 2019 Legislative session. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. The individual submitting prints is required to pay the actual cost of the fingerprinting and processing. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is closing working the State Patrol on developing a strategic implementation plan for all existing providers over the next 2 years (10/1/19 through 10/1/21), per law.

5.4.2 In-State Sex Offender Registry Requirements (98.43(b)(3)(B)(ii)).

Note: This check must be completed in addition to the national NCIC sex offender registry check (5.4.5 below) to mitigate any gaps that may exist between the two sources. Use of fingerprints is optional to conduct this check.

Effective Date: 11/22/2019

a) Milestone #2 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state sex offender registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes in-state sex offenders registry requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is actively working the State Patrol to develop a strategic implementation plan for all existing providers from 10/1/19 through 10/1/21.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this

is passed, Nebraska will continue to conduct checks on the Nebraska State Patrol's public sex offenders website for each provider and household member age 13 or older residences. While this does not meet the CCDBG requirements, it still provides a level of safeguard until legislation is passed.

b) Has the search of the in-state sex offender registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state criminal registry or repository, using fingerprints for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Nebraska does not meet the criteria to be eligible for a waiver. A legislative proposal was submitted in 2017 to make a change in current state statute, requiring fingerprinting, but did not advance out of committee. State law (Nebraska revised state statute 68-1206) passed on 5/30/19 out of the 2019 Legislative session. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. The individual submitting prints is required to pay the actual cost of the fingerprinting and processing. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is closing working the State Patrol on developing a strategic implementation plan for all existing providers over the next 2 years (10/1/19 through 10/1/21), per law.

5.4.3 In-State Child Abuse and Neglect Registry Requirements (98.43(b)(3)(B)(iii)).

Note: This is a name-based search.

Effective Date: 11/22/2019

a) Milestone #3 Prerequisite for New (Prospective) Child Care Staff: Describe the requirements, policies and procedures for the search of the in-state child abuse and neglect registry.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In-state child abuse and neglect registry requirements for all Licensed Child Care Providers (Family Child Care Homes I/II and Child Care Centers):

The applicant/licensee, if an individual or an individual in a partnership, staff, volunteers, and household members if the center is located in a private residence, must not be listed as a perpetrator of abuse or neglect on the Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse and Neglect. This check is a required prior to employment.

Applicant/licensee initiate their own request for central registry checks for themselves. Child Care Licensing staff review the results of the registry checks. If an individual is on the registry, they are not allowed either a license or employment in a child care center.

A potential staff of a child care center must have this check prior to being hired. The staff signs a release form, giving consent for the center/director to request a registry check. The results go to the director as "No record found" or "Record found". If the potential individual has any questions, they can contact the Department of Health and Human

Services for further clarification. Individuals also have the right to request expungement of any records. Child Care Licensing staff complete annual checks of staff records at all centers. Completion of this check is verified during these annual inspections.

[391 NAC 1-006.02B, 2-006.02B, 3-006.03B, and 4-006.03B]

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

In-state child abuse and neglect registry requirements for all CCDF/Subsidy Licensed Exempt Providers (License-Exempt and License-Exempt In-Home):

The Lead Agency will conduct background checks on the provider and household members with the in-state Child Abuse and Neglect Central Register and the Adult Protective Services Central Registry on the CCDF/Subsidy provider (license and license-exempt), and on each household member age 13 or older if the center is located in a private residence. Regulations require a license-exempt provider to be 19 or older.

The Lead Agency conducts checks on CCDF/Subsidy Licensee/owner for Family Child Care Home I/I, staff of Family Child Care Home II, and household members age 13 or older if the Family Child Care Home is located on a private residence. Checks are only completed on directors at CCDF/Subsidy child care centers. Licensing regulations apply for center staff (as stated in the previous question).

Current CCDF/Subsidy staff for the CCDF/Subsidy providers noted above complete central registry checks annual. However, due the recent central registry process changes and new cost associated with it, The Lead Agency is working on processes to start completing these checks once every five years. Once a provider is approved for CCDF/Subsidy, the Lead Agency would receive an alert on the provider or any household member should there be an intake or their name is on the registry.

[392 NAC 5-003]

b) Has the search of the in-state child abuse and neglect registry been conducted for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No differences are noted.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the search of the state child abuse and neglect registry for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

National Background Check Requirements

5.4.4 National FBI Criminal Fingerprint Search Requirements (98.43(b)(1)).

Note: The in-state (5.4.1 above) and the inter-state (5.4.6 below) criminal history check must be completed in addition to the FBI fingerprint check because there could be state crimes that do not appear in the national repository. Also note, that an FBI fingerprint check satisfies the requirement to perform an interstate check of another State's criminal history records repository if the responding state (where the child care staff member has resided within the past five years) participates in the National Fingerprint File program (CCDF-ACF-PIQ-2017-01).

Effective Date: 11/22/2019

a) Milestone #4 Prerequisite for New (Prospective) Child Care Staff. Describe the requirements, policies and procedures for the search of the National FBI fingerprint check.

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes National FBI Criminal Fingerprint requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check.

Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is actively working the State Patrol to develop a strategic implementation plan for all existing providers from 10/1/19 through 10/1/21.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks an array of checks on license exempt providers and household members.

b) For all current (existing) child care staff, has the FBI criminal fingerprint check been conducted?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

- No. (Waiver request allowed. See Appendix A). Describe the status of conducting the FBI fingerprint check for current (existing) child care staff including:
- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
 - Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)
 - Key challenges to fully implementing this requirements
 - Strategies used to address these challenges

Describe:

Nebraska does not meet the criteria to be eligible for a waiver. A legislative proposal was submitted in 2017 to make a change in current state statute, requiring fingerprinting, but did not advance out of committee. State law (Nebraska revised state statute 68-1206) passed on 5/30/19 out of the 2019 Legislative session. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. The individual submitting prints is required to pay the actual cost of the fingerprinting and processing. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is closing working the State Patrol on developing a strategic implementation plan for all existing providers over the next 2 years (10/1/19 through 10/1/21), per law.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks that include in-state criminal repository (not using fingerprints) with Nebraska Data Exchange Network for each provider and household member age 13 or older residences, the public state website for registered sex offenders, adult/child central registry checks, and out of state checks

within the past 5 years.

National Background Check Requirements

5.4.5 National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) Search Requirements (98.43(b)(2)).

Note: This is a name-based search. Searching general public facing sex offender registries does not satisfy this requirement. This national check must be required in addition to the in-state (5.4.2 above) or inter-state (5.4.7 below) sex offender registry check requirements. This check must be performed by law enforcement.

Effective Date: 11/22/2019

a) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all new (prospective) child care staff

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes NCIC NSOR check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check.

Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is actively working the State Patrol to develop a strategic implementation plan for all existing providers from 10/1/19 through 10/1/21.

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks that include in-state criminal repository (not using fingerprints) with Nebraska Data Exchange Network for each provider and household member age 13 or older residences, the public state website for registered sex offenders, adult/child central registry checks, and out of state checks within the past 5 years.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

Nebraska does not meet the criteria to be eligible for a waiver. A legislative proposal was submitted in 2017 to make a change in current state statute, requiring fingerprinting, but did not advance out of committee. State law (Nebraska revised state statute 68-1206) passed on 5/30/19 out of the 2019 Legislative session. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family

child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is closing working the State Patrol on developing a strategic implementation plan for all existing providers over the next 2 years (10/1/19 through 10/1/21), per law.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks that include in-state criminal repository (not using fingerprints) with Nebraska Data Exchange Network for each provider and household member age 13 or older residences, the public state website for registered sex offenders, adult/child central registry checks, and out of state checks within the past 5 years.

b) Has the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Nebraska does not meet the criteria to be eligible for a waiver. A legislative proposal was submitted in 2017 to make a change in current state statute, requiring fingerprinting, but did not advance out of committee. State law (Nebraska revised state statute 68-1206) passed on 5/30/19 out of the 2019 Legislative session. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. The individual submitting prints is required to pay the actual cost of the fingerprinting and processing. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21.

The lead agency is closing working the State Patrol on developing a strategic implementation plan for all existing providers over the next 2 years (10/1/19 through 10/1/21), per law.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until this is passed, Nebraska will continue to conduct checks that include in-state criminal repository (not using fingerprints) with Nebraska Data Exchange Network for each provider and household member age 13 or older residences, the public state website for registered sex offenders, adult/child central registry checks, and out of state checks within the past 5 years.

[Inter-state Background Check Requirements](#)

Checking a potential employee's history in any state other than that in which the provider's services are provided qualifies as an inter-state check, per the definition of required criminal background checks in 98.43(b)(3). For example, an inter-state check would include situations when child care staff members work in one state and live in another state. The statute and regulations require background checks in the state where the staff member resides and each

state where the staff member resided during the previous 5 years. Background checks in the state where the staff member is employed may be advisable, but are not strictly required.

5.4.6 Interstate Criminal Registry or Repository Check Requirement (including in any other state where the individual has resided in the past 5 years). (98.43 (b)(3)(i)).

Note: It is optional to use a fingerprint to conduct this check. Searching a general public facing judicial website does not satisfy this requirement. This check must be completed in addition to the national FBI history check (5.4.4 above) to mitigate any gaps that may exist between the two sources (unless the responding state participates in the National Fingerprint File program).

Effective Date: 11/22/2019

a) Has the interstate criminal registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the the interstate criminal registry or repository check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes in-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. For licensed-exempt providers the Lead Agency has always held the provider responsible to obtain their out of state background check, if they lived out of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

b) Has the interstate criminal registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate criminal registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes inner-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history

record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

5.4.7 Interstate Sex Offender Registry or Repository Check Requirements (including in any state where the individual has resided in the past 5 years). (98.43 (b)(3)(ii)).

Note: It is optional to use a fingerprint to conduct this check. This check must be completed in addition to the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) (5.4.5 above) to mitigate any gaps that may exist between the two sources.

Effective Date: 11/22/2019

a) Has the interstate sex offender registry or repository check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for new (prospective) child care staff including:

- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs
- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)
- Key challenges to fully implementing this requirements
- Strategies used to address these challenges

Describe:

Due to the barriers known to ACF regarding the ability states, territories, and tribes have releasing and sharing information with other state leads directly, accountability has been placed on the potential provider, as they should have no problems requesting and accessing their own records. This applies for both Child Care Licensing and CCDF/Subsidy.

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes interstate checks. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The

Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

b) Has the interstate sex offender registry or repository check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate sex offender registry or repository check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

Due to the barriers known to ACF regarding the ability states, territories, and tribes have releasing and sharing information with other state leads directly, accountability has been placed on the potential provider, as they should have no problems requesting and accessing their own records. This applies for both Child Care Licensing and CCDF/Subsidy.

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes interstate checks. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

5.4.8 Interstate Child Abuse and Neglect Check Registry Requirements (98.43 (b)(3)(iii)).

Note: This is a name-based search.

Effective Date: 11/22/2019

a) Has the interstate child abuse and neglect check been put in place for all new (prospective) child care staff?

Yes. If yes,

i. Describe how these requirements, policies and procedures apply to all licensed, regulated, or registered child care providers, in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

ii. Describe how these requirements, policies and procedures apply to all other providers eligible to deliver CCDF services (e.g., license-exempt CCDF eligible providers), in accordance with 98.43(a)(1)(i) and 98.16(o). Describe and provide citations

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for new (prospective) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in

accordance to the CCDBG Act of 2014, which includes inner-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

b) Has the interstate child abuse and neglect check been put in place for all current (existing) child care staff?

Yes

Describe, if applicable, any differences in the process for existing staff than what was described for new staff and provide citations.

No. (Waiver request allowed. See Appendix A). Describe the status of conducting the interstate child abuse and neglect check for current (existing) child care staff including:

-- Efforts to date to complete the requirement for all existing child care staff in licensed, regulated or registered programs

-- Efforts to date to complete the requirement for all existing child care staff in other programs eligible to receive CCDF services (e.g. license-exempt CCDF eligible providers)

-- Key challenges to fully implementing this requirements

-- Strategies used to address these challenges

Describe:

All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. Currently, all non-subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center (directors/staff), have had out of state checks completed on them if at the time of their application or employment lived outside of Nebraska within 12 months prior to their application. Nebraska has always conducted out of state registry checks, challenges have been with states who do not release them or maintain a registry.

State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes inner-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

Nebraska revised state statute 68-1206 only includes providers who are licensed. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting

January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members. Until legislation is passed, the Lead Agency will continue to do its due diligence to obtain background checks (without fingerprints) if a provider has lived outside of state within the past 5 years. The Lead Agency will either reach out to the state or the provider understands they will be responsible to obtain the information above from the previous State(s) at which they resided. The Provider further understands and agrees that any negative findings from the above background checks may result in the immediate termination of this Agreement.

Nebraska CCDF and Licensing Programs with the Lead Agency has been receiving on-site technical assistance support and is working to find a solution to conducting Lead Agency initiated interstate checks.

Provisional Employment

The CCDF final rule states a child care provider must submit a request to the appropriate state/territory agency for a criminal background check for each child care staff member, including prospective staff members, prior to the date an individual becomes a child care staff member and at least once every 5 years thereafter (98.43(d)(1) and (2)). A prospective child care staff member may not begin work until one of the following results have been returned as satisfactory: either the FBI fingerprint check or the search of the state/territory criminal registry or repository using fingerprints in the state/territory where the staff member resides. The child care staff member must be supervised at all times pending completion of all the background check components (98.43(d)(4)).

Note: In recognition of the concerns and feedback OCC received related to the provisional hire provision of the CCDF final rule, OCC will allow states and territories to request time-limited waiver extensions for the provisional hire provision. State/territories may submit a waiver request to allow additional time to meet the requirements related to provisional hires (see Appendix A). A state/territory may receive a waiver from this requirement only when:

1. the state requires the provider to submit the background check requests before the staff person begins working; and
2. the staff member, pending the results of the elements of the background check, is supervised at all times by an individual who has completed the background check.

5.4.9 Describe the state/territory requirements related to prospective child care staff members using the checkboxes below. (Waiver request allowed. See Appendix A). Check all that apply.

Effective Date: 11/22/2019

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after completing and receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides.

Describe and include a citation:

- The state/territory allows prospective staff members to begin work on a provisional basis (if supervised at all times) after the request has been submitted, but before receiving satisfactory results on either the FBI fingerprint check or a fingerprint check of the state/territory criminal registry or repository in the state where the child care staff member resides. Note: A waiver request is allowed for this provision (see Appendix A).

Describe and include a citation:

- Other.

Describe:

New effective 10/1/19. State law (Nebraska revised state statute 68-1206) passed on 5/30/19, requiring child care staff members and individuals residing in Family Child Care Homes who are 18 years of age or older to submit fingerprints for a national criminal history record check in accordance to the CCDBG Act of 2014, which includes inner-state background check requirements. Beginning 10/1/19, individuals who are 18 years of age and older who are new child care staff members in any of these settings or new residents in Family Child Care Homes are required to submit fingerprints for a national criminal history record check. Child care staff members who were employed by a child care provider prior to 10/1/19, or individuals who resided in a family child care home prior to 10/1/19, are required to submit fingerprints for a national criminal history record check by 10/1/21. Checks include out of state checks for anyone required to be checked who has lived outside of Nebraska within the past 5 years.

For license exempt providers and in-home providers. Current regulations allow providers to care for children while the referral for them to be a CCDF/Subsidy provider is processed. In this case, they are providing care for children prior to background results. If results are unfavorable, then the request is denied, but a voucher payment is given for the time care was provided. Pending regulations, once approved, will require background checks to be completed and reviewed prior to a CCDF/Subsidy Agreement being issued. The Lead Agency has already drafted legislation for the 2020 Legislation Session starting January 2020. This legislation will allow authority to conduct national criminal history record checks on license-exempt providers and applicable household members.

5.4.10 The state/territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The state/territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the state/territory will provide information about each disqualifying crime to the staff member.

Effective Date: 11/22/2019

Describe the requirements, policies, and procedures in place to respond as expeditiously as possible to other states', territories', and tribes' requests for background check results to accommodate the 45-day timeframe, including any agencies/entities responsible for responding to requests from other states (98.43(a)(1)(iii)).

In-state Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse is requested electronically on-line at:

http://dhhs.ne.gov/children_family_services/Central_Registry/Pages/Home.aspx

Results are received well under 45 days. Results will state "Record found" or "No record found". Checks cost \$2.50 for the background check (Adult/Child Abuse/Neglect). If the online Portal is used, there is an additional fee of \$1.50 payment processing fee. If the applicant chooses to use the online ID verification option there is an additional \$1.00 fee. The most this would cost would be \$5.00/ per person/check.

In-state fingerprints for national criminal history record checks are not exceeding 45 days. The Lead Agency and Nebraska State Patrol are closely monitoring the turn around in results to ensure compliance.

5.4.11 Child care staff members cannot be employed by a child care provider receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential staff members also cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or - subject to an individual review (at the state/territory's option)- a drug-related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes - child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography (98.43(c)(1)).

Note: The Lead Agency may not publicly release the results of individual background checks. It may release aggregated data by crime as long as the data do not include personally identifiable information (98.43(e)(2)(iii)).

Effective Date: 11/22/2019

Does the state/territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 98.43(c)(i)?

No

Yes.

Describe other disqualifying crimes and provide citation:

Title 392 of Nebraska Administrative Code - Child Care Subsidy Program: In addition to the crimes listed at 98.43(h), the Lead Agency denies or terminates CCDF/Subsidy providers with conviction has also occurred in the following areas:

- Adult abuse;
- Driving under the influence: two or more DUI charges are pending, or convictions have occurred within the last five years, or two of any combinations of DUI charges

pending or convictions occurred within the last five years;

- Shoplifting after age 19 and within the last three years;
- Felony fraud within the last ten years;
- Misdemeanor fraud within the last five years;
- Termination of provider status for cause from any DHHS program within the last ten years;
- Possession of a controlled substance with intent to deliver within the last ten years;
- Prostitution or solicitation of prostitution within the last five years; or
- Felony or misdemeanor robbery or burglary within the last ten years.

Draft regulations set for a public hearing includes Arson as a disqualification for current CCDF/Subsidy providers and staff.

General Criminal History: Department staff must not have a Child Care Provider Agreement with a potential individual provider if a history of convictions for misdemeanor or felony actions that endanger the health and safety of any client is indicated. This includes crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the illegal use of a controlled substance, or crimes involving moral turpitude on the part of the potential provider.

Title 391 of Nebraska Administrative Code - Children's Services Licensing: In addition to the crimes listed at 98.43(h), the Lead Agency denies or terminates CCDF/Subsidy providers with conviction has also occurred in the following areas:

Permanent Child Care Disqualification:

- o Aggravated or armed robbery;
- o Assault, first or second degree;
- o Child abandonment;
- o Exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor;
- o Felony controlled substances offenses, other than possession;
- o Felony violation of custody; or
- o Incest.

Twenty-Year Disqualification:

- o Criminal non-support;

- o Felony possession of controlled substance offenses;
- o Felony theft; or
- o Robbery.

Five-Year Disqualification:

- o Burglary;
- o Driving under the influence: two or more convictions;
- o Felony bad check writing;
- o Misdemeanor controlled substances offenses;
- o Misdemeanor contributing to the delinquency of a child; or
- o Misdemeanor theft.

Draft regulations will include Arson as a disqualification for current License Child Care providers and staff. Regulations are in draft form with Child Care Licensing, anticipated to be introduced in 2019.

An individual is permanently disqualified from holding a child care license or working as a staff member or volunteer in a child care center if s/he has a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual.

5.4.12 The state/territory has a process for a child care staff member to appeal the the results of his or her background check to challenge the accuracy or completeness of the criminal background report, as detailed in 98.43(e)(3).

Effective Date: 11/22/2019

Describe how the Lead Agency ensures the privacy of background checks and provides opportunities for applicants to appeal the results of background checks. In addition, describe whether the state/territory has a review process for individuals disqualified due to a felony drug offense to determine if that individual is still eligible for employment

(98.43(e)(2-4)).

Child Care Subsidy Program: An appeal process, allowing individuals to challenge the accuracy or completeness of their criminal background check, is in draft form, appeal process in draft regulations set for public hearing on 10/25/19.

Child Care Subsidy Licensing: The Administrative Procedure Act in §71-1916 #5, allows for an appeal process for licensed individuals to challenge the accuracy of completeness of their criminal background check. Complaints/request for investigation may be submitted in writing, by phone, or in person explaining why a person believes a violation in statute or regulation has occurred. A decision made by the Department regarding initial licensing will become final 30 days after the date of the decision was mailed unless the applicant requests a hearing within those 30 days. Hearings for applicator to become licensed are set within 30 days of the request for a hearing and will be held within 90 days after the request for hearing unless continued for good cause.

5.4.13 The state/territory may not charge fees that exceed the actual costs of processing applications and administering a criminal background check (98.43(f)).

Effective Date: 11/22/2019

Describe how the state/territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether they are conducted by the state/territory or a third-party vendor or contractor. Lead Agencies can report that no fees are charged if applicable (98.43(f)).

The Lead Agency does not charge application fees for criminal background checks.

Nebraska Central Registry of Child Abuse and Neglect and Nebraska Central Registry of Adult Abuse Checks cost \$2.50 for the background check (Adult/Child Abuse/Neglect). If the online Portal is used, there is an additional fee of \$1.50 payment processing fee. If the applicant chooses to use the online ID verification option there is an additional \$1.00 fee. The most this would cost would be \$5.00/ per person/check.

Nebraska State Patrol charges \$45.25 per fingerprint check with additional fees if processed on line with e-check or credit card.

5.4.14 Federal requirements do not address background check requirements for relative providers who receive CCDF; therefore, states have the flexibility to decide which background check requirements relative providers must meet, as defined by CCDF in 98.2 under eligible child care provider.

Note: This exception only applies if the individual cares only for relative children. Does the state/territory exempt relatives from background checks?

Effective Date: 10/01/2018

- No, relatives are not exempt from background check requirements.
- Yes, relatives are exempt from all background check requirements.
- Yes, relatives are exempt from some background check requirements. If the state/territory exempts relatives from some background check requirements, describe which background check requirements do not apply to relative providers.

6 Recruit and Retain a Qualified and Effective Child Care Workforce

This section covers the state or territory framework for training, professional development, and post-secondary education (98.44(a)); provides a description of strategies used to strengthen the business practices of child care providers (98.16(z)); and addresses early learning and developmental guidelines.

States and territories are required to describe their framework for training, professional development, and post-secondary education for caregivers, teachers, and directors, including those working in school-age care (98.44(a)). This framework is part of a broader systematic approach building on health and safety training (as described in section 5) within a state/territory. States and territories must incorporate their knowledge and application of health and safety standards, early learning guidelines, responses to challenging behavior, and the engagement of families. States and territories are required to establish a progression of professional development opportunities to improve the knowledge and skills of CCDF providers (658E(c)(2)(G)). To the extent practicable, professional development should be appropriate to work with a population of children of different ages, English-language learners, children with

disabilities, and Native Americans (98.44(b)(2)(iv)). Training and professional development is one of the options that states and territories have for investing their CCDF quality funds (658G(b)(1)).

6.1 Professional Development Framework

6.1.1 Each state or territory must describe their professional development framework for training, professional development, and post-secondary education for caregivers, teachers and directors, which is developed in consultation with the State Advisory Council on Early Childhood Education and Care or similar coordinating body. The framework should include these components: (1) professional standards and competencies, (2) career pathways, (3) advisory structures, (4) articulation, (5) workforce information, and (6) financing (98.44(a)(3)). Flexibility is provided on the strategies, breadth, and depth with which states and territories will develop and implement their framework.

Effective Date: 10/01/2018

a) Describe how the state/territory's framework for training and professional development addresses the following required elements:

-- State/territory professional standards and competencies. Describe:

Nebraska has created a set of Core Competencies for Early Childhood Professionals. This document outlines the knowledge and skills needed to effectively work with children ages birth to five years. This document contains nine Core Competency areas: Child Growth and Development; Health, Safety and Nutrition; Learning Environments; Planning Learning Experiences/Curriculum; Interacting with Children and Providing Guidance to Children; Observation, Documentation, and Assessment; Partnerships with Families and Communities; Professionalism and Leadership; and Administration, Program Planning, and Development.

The current Competencies are divided into 6 levels. The levels range from Level 1: skills and knowledge that anyone entering the field should have, to level 6: skills and knowledge one would expect to see in someone having an advanced degree in an early childhood area. The competencies can be found here:

<https://2x9dwr1yq1he1dw6623gg411wpengine.netdnassl.com/wpcontent/uploads/2017/0>

7/professional_corecomp.pdf The Core Competencies are currently being revised.

The revised Competencies should be completed in late 2018. After revision, training will be created and provided across the state to assist professionals and supervisors in the use of the revised Core Competencies for professional growth.

Nebraska also has a set of School-age and Youth Development Core Competencies that was completed in 2010. The School-Age and Youth Development Core Competencies include six areas of competency. These are: Growth and development; Health; Relationships; Learning; Professionalism; and Administration.

The Core Competency areas are divided into three levels: entry, intermediate, and advanced. This document can be found at the following web address:

https://2x9dwr1yq1he1dw6623gg411wpengine.netdnassl.com/wpcontent/uploads/2017/07/school_age_core_comp_2010.pdf

-- Career pathways. Describe:

Nebraska's Career Pathway is described in the Early Childhood Education Career Advising Guide. The pathway begins with a high school diploma and progresses through individual training/workshops, the Child Development Associate, certificate/diploma programs, Associate Degrees, Bachelor's degrees, Post Bachelor's Degree specializations and endorsements, Master's Degrees and Graduate Level teaching endorsements, and ends at Doctoral degrees. Lifelong learning is stressed at all levels and all start with a strong foundation in early childhood education in which research informed practices are embedded. Information about career development in early childhood education can be found on the Nebraska Department of Education website at this address:

https://2x9dwr1yq1he1dw6623gg411wpengine.netdnassl.com/wpcontent/uploads/2017/07/NE_Career_Advising_Guide_1211.pdf.

The Career Advising Guide will be updated to reference the new Core Competencies as soon as they are completed.

-- Advisory structure. Describe:

The Nebraska Early Childhood Interagency Coordinating Council (ECICC) provides

recommendations for the professional development system. The ECICC is charged with advising the Governor and state agencies with issues related to early childhood education and care. It is the designated State Advisory Council (SAC) for Nebraska, as well as the state Interagency Coordinating Council (ICC) for IDEA part C. ECICC prepares a biennial report with recommendations for the Governor and the state agencies. The ECICC also advises state agencies on strategic plans, reports to federal agencies, and state regulations and policies. ECICC meets four times per year and its members are appointed by the Governor from applicants meeting criteria for membership.

-- [Articulation. Describe:](#)

The Nebraska Early Childhood Career Development Coordinator, housed at the Early Childhood Training Center (ECTC) facilitates a group of early childhood educators representing Nebraska two-year colleges. This group coordinates and aligns early childhood course offerings across the campuses of the Nebraska Community College system. Additionally, the Career Development Coordinator works with the Buffett Early Childhood Institute in an attempt to bring two- and four-year institutions together to ease articulation issues.

-- [Workforce information. Describe:](#)

Nebraska has created a professional registry for early childhood education and care providers. Several phases of the Nebraska Early Childhood Professional Record System (NECPRS) have been built. The system is available for early childhood education and care providers to create and maintain their personal education and training record. In March of 2018, there were 6,693 early childhood professionals with records in NECPRS. The system also contains a statewide, searchable, training calendar in which early childhood training approved by the Early Childhood Training Center is posted. NECPRS is tied to Step Up to Quality, Nebraska's Quality Rating and Improvement System and tracks progress of programs participating in Step Up to Quality. NECPRS is able to track salaries and benefits for early childhood education and care providers. This information is voluntary and is self-reported by programs. At this time, there is no way for the Nebraska Department of Education (NDE) or Department of Health and Human Services to verify the self-reported financial data. The system will eventually be able to link to the Nebraska Teacher Education certification system and the Nebraska ADVISOR -NDE's Student and Staff Record System.

-- Financing. Describe:

The Lead Agency provides CCDF funding to support T.E.A.C.H Early Childhood Scholarship. There are other private and public funding sources who support TEACH Scholarships.

b) The following are optional elements, or elements that should be implemented to the extent practicable, in the training and professional development framework.

- Continuing education unit trainings and credit-bearing professional development to the extent practicable

Describe:

- Engagement of training and professional development providers, including higher education, in aligning training and educational opportunities with the state/territory's framework

Describe:

Nebraska's seven regional Early Learning Connection Partnerships (ELCs) cover the entire state and are comprised of a coordinator, employed by an Educational Service Unit (and paid for by CCDF subgrant funds) and partners who are stakeholders in the early childhood education and care system of Nebraska. The partners include representatives from 2 and 4 year institutions of higher education, school district early childhood/primary/and out of school time programs, Head start grantees, community child care providers (both center-based and family child care), health care providers, trainers, and other related service providers. All training that is advertised in ELC partnership newsletters or on the statewide training calendar, lists the area of core competency that the training relates to as well as the level of complexity of the training.

- Other

Describe:

6.1.2 Describe how the state/territory developed its professional development framework in consultation with the State Advisory Council on Early Childhood Education and Care (if applicable) or similar coordinating body if there is no SAC that addresses the professional development, training, and education of child care providers and staff.

As reported previously, ECICC is the statewide advisory body identified by the Governor as the SAC. ECICC provides recommendations for the professional development system. The 2018 Report to the Governor, including ECICC's recommendations for 2018 has not been completed. However, the 2016 recommendations include the following professional development related items.

Recommendation #1: Recruit, Train and Retain Enough Highly Skilled Early Childhood Professionals to Meet Statewide Needs.

Nebraska does this in the following ways:

- Coaching Initiatives: Coaching through the Step Up to Quality program. Early Childhood programs, both family child care homes and center-based programs who have completed the training requirements for Step 2, are eligible to receive a trained coach at no cost to the program. As of 3-29-18 there were 88 programs actively receiving coaching. As of that date 114 programs have received coaching through Nebraska's young quality rating and improvement system.
- The Early Childhood Education Endowment, commonly known as Sixpence, is a public-private program providing grants to school districts for high quality infant and toddler center and home-visiting programs. Recent legislation has expanded the Sixpence program to use CCDF infant/toddler funds for school district child care partnerships (CCP). These CCP programs require school districts to partner with center-based or family child care programs to improve the quality of care for infants and toddlers. All programs participate in Step Up to Quality and the school district employed coach participates in coach training and reflective practice with the state Step Up to Quality Coach Coordinator. Currently, the Sixpence CCP program provides coaching to 17 centers or family child care homes.
- The Nebraska Nurturing Healthy Behaviors grant combines state general fund dollars with private foundation money to improve the quality of early childhood education and care programs within the context of social-emotional health. The Nurturing Healthy Behaviors grant works with local communities to support social emotional health through parent engagement (via Circle of Security Parenting) mapping of community resources and coaching through the Pyramid Model for social and emotional competence in child care centers and family child care homes. Coaches for this initiative have received the same Nebraska Coach training that Step Up to Quality and Sixpence coaches have received. By the end of 2017, child care providers in 55 programs have received

coaching for quality improvement.

- Nebraska Early Childhood Pyramid Model for Supporting Social/Emotional Competence (EC-PBIS). The Pyramid model training is done program-wide through an Implementation Academy, followed by implementation training and coaching through a train-coach-train model. School districts and Head Start programs have participated in this process.
- Nebraska has a coach coordination team that meets regularly to plan training and ensure that programs are aligned and resources are being used wisely.
- Licensing required training- State Legislation requires licensed child care providers to take the following training series which have been developed by state staff from NDE and DHHS as well as outside experts in the respective fields.
 1. Safe with You
 2. Getting Down to Business – for family child care, or Management Training – for directors of centers
 3. Early Learning Guidelines
- Early Childhood Training Center/(NDE/DHHS) created training
 1. Curriculum 101: a face to face training designed to help child care providers understand active learning, ways to identify an appropriate curriculum, and how to implement curriculum in their program.
 2. First Connections: an online multifaceted comprehensive training offering education about infants and toddlers and is available to teachers, caregivers, parents and others.
 3. Nebraska Home Visiting Core Practices and Principles: and online training consisting of seven core modules for working with families in the home
 4. Project PARA: a web-based training program for paraeducators to assist them in developing core knowledge and skills needed for effectively assisting a teacher with early childhood classroom instruction.
 5. Read for Joy: Early Language and literacy training for parents and early childhood professionals.
 6. School-Age Connections : online training designed to assist providers in the development and implementation of school-age programming for out-of-school time.
 7. Supervision of Children: training that will assist child care providers understand the importance of appropriate supervision of young children and assist early childhood staff in improving the safety and security of children in their care. Two versions are available. One version is for child care centers and home providers who want to improve their skills. The other version is for child care centers or home providers who have had a verified lapse in supervision and are being required to take the training to ensure that children are safe in the care of the program.
 8. Working with Children and Families Experiencing Homelessness: training that will assist child care providers to understand the nature of homelessness and needs of homeless and near homeless children and their families.
- Early Childhood Training Center Approved training:
 1. By statute, the ECTC must approve training that is used to satisfy child care licensing criteria for required training, annual in-service, and training needed for participation or advancement in Step Up to Quality. Trainers wishing to provide

training for licensing credit, submit their training plans to ECTC. Staff review the training outline for alignment with the Nebraska Early Learning Guidelines and Core Competencies, accuracy of information and length.

- Automatically Accepted training:

1. The Early Childhood Training Center maintains a list of education and training providers that provide training which will be automatically accepted by ECTC. These entities include institutions of higher education including Nebraska Extension Services Learning Child team, branches of state government (Nutrition services, DHHS trainings etc) and training sponsored by the Early Learning Connection Partnerships, Planning Region Teams, and Head Start and others.

- Independent study:

1. Child Care providers may watch a curated set of training videos, or read professional materials to gain credit. After watching or reading the materials, an in-depth set of questions is answered to promote retention and use of the information accessed. Responses are carefully evaluated for accuracy and clarity.

Recommendation #2 Focus on Infants and Toddlers and Their Families:

- Support professional development that builds the unique skill set and knowledge base necessary to work with infants and toddlers.

1. See -First Connections, Independent Study, Safe With You, automatically Accepted training, and training approval above.

Effective Date: 10/01/2018

6.1.3 Describe how the framework improves the quality, diversity, stability, and retention of caregivers, teachers, and directors (98.44(a)(7)).

Nebraska provides several sources of funding to support T.E.A.C.H. Early Childhood®scholarships. Federal CCDF funds support approximately 90 to 100 TEACH scholars quarterly. State funding supports 25 to 35 TEACH scholars who work in programs participating in Step Up to Quality. Finally, a private funder supports approximately 50 scholars working in initiatives supported by the Buffet Early Childhood Institute programs. TEACH Early Childhood® is an evidence based strategy for increasing the education of child care providers and reducing turn-over in child care settings. TEACH Early Childhood® is an income based program available to low and moderate income providers in early education and care programs. It successfully reaches communities that typically do not pursue higher education. In Nebraska the average hourly wage of a TEACH® scholar is \$12.33 and more than 30% of participants are people of color. TEACH® contracts stipulate that at the successful end of every contract, the TEACH Scholar receives either a raise or a bonus. Scholars are required to stay in the same child care program for a period of time after the

completion of the course work. Nebraska TEACH® scholars completing a degree have a turnover rate that averages 5%.

Nebraska TEACH improves provider skills, quality, and reduces turnover. Nebraska TEACH is the most successful avenue Nebraska has found to engage a diversity in higher education. The ECTC and ELC systems focus specifically on recruiting trainers whose primary language is not English and who are representative of the populations of providers around the state. TEACH Early Childhood scholarships are available to infant and toddler providers as well as preschool providers. Child Care Programs participating in Nurturing Healthy Behaviors and Step Up to Quality have access to coaches trained in reflective practice.

Individuals working in programs participating in Step Up to Quality may be eligible to receive a refundable tax credit based on the provider's level of education, number of clock hours of training received annually, and length of time employed in a Step Up to Quality program. A level 1 tax credit is eligible for \$500, a level 4 tax credit is eligible for \$1,500 per year. Providers working in a center based program participating in Step Up to Quality are eligible for the tax credit unless the provider is a certificated teacher working in a public school operated early childhood program. This distinction is made because Birth -5 teachers in public schools in Nebraska are paid on the district teacher pay scale and as such are receiving salaries significantly above those of early educators in most Head Start or child care programs.

Effective Date: 10/01/2018

[6.2 Training and Professional Development Requirements](#)

The Lead Agency must describe how its established health and safety requirements for pre-service or orientation training and ongoing professional development requirements--as described in Section 5 for caregivers, teachers, and directors in CCDF programs--align, to the extent practicable, with the state/territory professional development framework. These

requirements must be designed to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF funds across the entire age span, from birth through age 12 (658E(c)(2)(G)). Ongoing training and professional development should be accessible and appropriate to the setting and age of the children served (98.44(b)(2)).

6.2.1 Describe how the state/territory incorporates the knowledge and application of its early learning and developmental guidelines (where applicable); its health and safety standards (as described in section 5); and social-emotional/behavioral and early childhood mental health intervention models, which can include positive behavior intervention and support models (as described in section 2) in the training and professional development framework (98.44(b)).

Nebraska statute, and licensing standards require providers to take training on the Early Learning Guidelines and Safe with You. Over time providers are to get training on each of the 7 domains of the ELGs. Those domains are Language and Literacy Development; Health and Physical Development; Approaches to Learning; Social and Emotional development; Creative Arts; Science; and Mathematics. Safe with you is Nebraska's health and safety training. It covers general health and safety topics, detecting child abuse and neglect, ways to ensure that the providers does not engage in abusive behavior. Behavior intervention is not a required topic for Licensing. However, it is a highly sought after training. Nebraska has invested heavily (with multiple sources of funding) in the Pyramid Model. Many Schools and Head Start Programs implement Pyramid program wide. A state funded initiative provides Pyramid model (plus other social, emotional initiatives) to community child care programs, and the University of Nebraska Extension, Learning Child team provides an introduction to Pyramid through a training called Solid Rock which is available across the state.

Effective Date: 10/01/2018

6.2.2 Describe how the state/territory's training and professional development are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF funds (as applicable) (98.44(b)(2)(vi)).

Tribal lands are located within one Early Learning Coordinator (ELC). The Northern ELC partners with the following tribal entities: Oman'hon' Nation Head Start, Santee Sioux Head Start, Educare in Winnebago. The following Tribal Health Departments are also part of the Northern ELC partner network: Winnebago, Oman'hon', Santee Sioux, and Ponca. Finally, the ELC partners with the Nebraska Indian Community College. Through these partnerships, training is scheduled to meet the needs of tribal child care providers, schools serving children of Native American heritage, and the tribal communities of Nebraska.

Effective Date: 10/01/2018

6.2.3 States/territories are required to facilitate participation of child care providers with limited English proficiency and disabilities in the subsidy system (98.16 (dd)). Describe how the state/territory will recruit and facilitate the participation of providers:

Effective Date: 10/01/2018

a) with limited English proficiency

The Early Childhood Training Center (ECTC) works with several community centers in Omaha metro area (the largest metropolitan area) to ensure training is accessible to providers for whom English is not their primary language. Two of the community centers predominately work with the Spanish speaking population. A third, Heartland Family Service serves a clientele of families and child care providers either from Myanmar and speak Burmese or Karen, or Southeast Asia and speak Hmong. The ECTC approves training for these entities, and provides as many translated resources as possible. The NDE has identified several qualified translators who are being contracted to translate materials into Spanish. NDE is working with the centers and others to find qualified translators for Karen, Hmong, and Arabic. The Midlands Latino Community Development Corporation works with the ECTC to provide training and resources for non-English speakers wanting to work in child care to get licensed and trained. This work will continue. Lead Agency provides some materials in Spanish. NDE/ECTC translates training materials for child care providers. Spanish is the most requested language, others are Arabic, and Hmong. Additionally, NDE works with schools across the state with large ELL populations to try to identify persons who are multi lingual, preferably from non-English speaking cultures who

interested in becoming trainers.

b) who have disabilities

The Nebraska Professional Records System has modified processes for persons with disabilities to ensure their successful participation. Web materials are created to be ADA compliant. Interpreters for providers who are deaf or hard of hearing are available to sign for required trainings.

6.2.4 Describe how the state/territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers who care for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children); English-language learners; children with developmental delays and disabilities; and Native Americans, including Indians and Native Hawaiians (98.44(b)(2)(iii--iv)).

Materials and concepts taught in licensed required training are inclusive in nature. Materials are created to support inclusivity, with regard to socioeconomic level, culture, language, and ability. Training is provided throughout the state at times when providers are able to attend. Trainings are held evenings, weekends, and by distance learning when appropriate.

Nebraska has an Early Childhood inclusive teaching certificate. This credential prepares teachers to meet the needs of children birth through grade 3 who are either typically developing or who have a range of abilities. IHE's can offer concentrations of either birth to age 5 or age 3 through grade three for students choosing this endorsement.

Specific resources such as CARA's Kit are available to child care providers through training across the state. CARA's Kit: Milbourne, S.A., and Campbell, P.H (2007). CARA's Kit: Creating adaptations for routines and activities. Philadelphia, PA: Child and Family Studies Research Programs, Thomas Jefferson University. CARA's Kit is a practical resource written with specific common challenges that young children with disabilities may encounter in a group setting. The assistance provided outlines ways to help the child be successful with suggested adaptations in one or more of the following five categories: Environment, Activity, Materials, Requirement/Instruction, or Assistance.

The ELC's partner with local Early Childhood Planning Region Teams to coordinate training for providers serving children with disabilities and their families.

Training for providers who serve or may serve children who are homeless or living in-home with insecure housing is available across the state.

Training for providers on working with families in poverty (Bridges out of Poverty) continues to be brought to Nebraska by state and regional human service providers.

Three of the four tribes have designated ELC Coordinators who work specifically with the early childhood programs on tribal land within the schools, Head Start/Early Head Start, and licensed child care. Coordinator has made strong partnership in each of the tribal areas and information about training is available to each provider and ELC.

Materials can be translated for any licensed required training. Required trainings can be translated if the training is not delivered in the primary language of the provider. Accommodations are also made for hearing impaired providers.

Trainers who are bi-lingual are recruited specifically to address the needs of providers who are English language learners. Additional bi-lingual trainers are needed, and Nebraska is actively seeking partnerships with community programs providing outreach to lower incidence languages. Additionally, the Early Learning Connection regions cover all parts of the state, including Native American communities. Tribal lands are concentrated in the northeast part of the state within the Northern Early Learning Connection region. Trainings are held at sites throughout the northeast region, many in close proximity to tribal lands.

Effective Date: 10/01/2018

6.2.5 The Lead Agency must provide training and technical assistance to providers and appropriate Lead Agency (or designated entity) staff on identifying and serving children and families experiencing homelessness (658E(c)(3)(B)(i)).

Effective Date: 10/01/2018

a) Describe the state/territory's training and TA efforts for providers in identifying and serving homeless children and their families (relates to question 3.2.2).

The ECTC has created a training entitled Working with Children and Families Experiencing Homelessness. It has been offered in several places across the state. ECTC staff are working with the Early Learning Connection Coordinators across the state to offer it in each region. A train-the-trainer model will be implemented to ensure that the training is available.

b) Describe the state/territory's training and TA efforts for Lead Agency (or designated entity) staff in identifying and serving children and their families experiencing homelessness (connects to question 3.2.2).

Lead Agency staff who may work with homeless children and their families receive extensive training on all Economic Assistance Programs offered from ACCESSNebraska. This allows staff to provide all resources for all programs to homeless families. The Lead Agency also offers an array of trainings to staff to help them understand diversity in the population they are working with. Questions specific to homelessness are asked by Lead Agency staff when interviewing and working with families applying for services.

6.2.6 States and territories are required to describe effective internal controls that are in place to ensure program integrity and accountability (98.68(a)). Describe how the state/territory ensures that all providers for children receiving CCDF funds are informed and trained regarding CCDF requirements and integrity (98.68(a)(3)). Check all that apply

Effective Date: 10/01/2018

- Issue policy change notices
- Issue new policy manual

- Staff training
- Orientations
- Onsite training
- Online training
- Regular check-ins to monitor the implementation of CCDF policies

Describe the type of check-ins, including the frequency.

- Other

Describe:

Random monthly reviews are completed. If issues are found, the Resource Developer will schedule a meeting with the provider to discuss concerns and provide additional training.

6.2.7 Lead Agencies must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and to improve the quality of child care services (98.16 (z)). Describe the state/territory's strategies to strengthen provider's business practices, which can include training and/or TA efforts.

Effective Date: 10/01/2018

a) Describe the strategies that the state/territory is developing and implementing for training and TA.

The Management Training Program - for directors of child care centers, and the Getting Down to Business training series for family child care providers are business trainings. Required for child care licensing, and embedded into Step 2 of Step Up to Quality. The training series' are offered in each region of the state multiple times each year. Leadership Academy Project - to increase knowledge skills and abilities of child care program directors within Nebraska by building upon their strengths, presenting new research, resources and by cultivating new leaders for early childhood care through the quality improvement of the Nebraska Association for the Education of Young Children Inc. (NeAEYC) Leadership Academy.

b) Check the topics addressed in the state/territory's strategies. Check all that apply.

- Fiscal management
- Budgeting
- Recordkeeping
- Hiring, developing, and retaining qualified staff
- Risk management
- Community relationships
- Marketing and public relations
- Parent-provider communications, including who delivers the training, education, and/or technical assistance
- Other

Describe:

6.3 Early Learning and Developmental Guidelines

6.3.1 States and territories are required to develop, maintain, or implement early learning and developmental guidelines that are appropriate for children in a forward progression from birth to kindergarten entry (i.e., birth-to-three, three-to-five, birth-to-five), describing what children should know and be able to do and covering the essential domains of early childhood development. These early learning and developmental guidelines are to be used statewide and territory-wide by child care providers and in the development and implementation of training and professional development (658E(c)(2)(T)). The required essential domains for these guidelines are cognition, including language arts and mathematics; social, emotional, and physical development; and approaches toward learning (98.15(a)(9)). At the option of the state/territory, early learning and developmental guidelines for out-of-school time may be developed. Note: States and territories may use the quality set-aside, discussed in section 7, to improve on the development or implementation of early learning and developmental guidelines.

Effective Date: 10/01/2018

a) Describe how the state/territory's early learning and developmental guidelines are research-based, developmentally appropriate, culturally and linguistically appropriate, and aligned with kindergarten entry

The Nebraska Early Learning Guidelines for Children Birth to age 3 and The Nebraska Early Learning Guidelines for Children 3 to 5 have been revised and updated into a

single document. Early Learning Guidelines for Children Birth to age 5 is aligned with the Head Start Child Development and Early Learning Framework, Nebraska's Kindergarten Standards in English Language Arts, Mathematics, and Science. The revision was led by Dr. Michelle Rupiper, retired Associate Professor and assistant Chair of the Child, Youth and Family Studies Department at the University of Nebraska- Lincoln. The revisions were then reviewed by early childhood/early childhood special education specialists; K-12 English language arts and Mathematics specialists; and infant/toddler specialists. Additionally, research-based information was added to assist adults working with children who are dual language learners, and/ or children with special needs to ensure that all children are included and served appropriately.

b) Describe how the state/territory's early learning and developmental guidelines are appropriate for all children from birth to kindergarten entry.

The Early Learning Guidelines: Nebraska's Birth to Five Learning and Development Standards (ELGs) are a framework to guide decisions about planning developmentally appropriate activities for young children and the early childhood setting to assist in achieving the learning and development standard. The ELGs identify typical ranges and indicators of development as well as suggestions for adults to meet each child's individual needs based on a wide range of abilities, languages spoken, and diverse backgrounds. Suggestions include activities, environment/setting development, intentional teaching strategies, assessment strategies, interactions with families, and more. The ELG are broken into seven domains; each standard within a domain is shown in a continuum of overlapping age ranges from birth to five years to help educators navigate child development and effective teaching practices. The contents are cross walked with the Head Start Framework, Teaching Strategies Gold, and other state/national standards and are closely aligned with the Nebraska K-12 Standards. After a recent revision, the ELGs were again reviewed/revised by experts in early childhood development, English language acquisition, and serving children with special needs. The guidelines have accompanying training for educators to explore and understand application practices in depth for each domain.

c) Verify by checking the domains included in the state/territory's early learning and developmental guidelines. Responses for "other" is optional

- Cognition, including language arts and mathematics
- Social development
- Emotional development
- Physical development
- Approaches toward learning
- Other

Describe:

Creative Arts and science

d) Describe how the state/territory's early learning and developmental guidelines are implemented in consultation with the educational agency and the State Advisory Council or similar coordinating body.

The ECTC is part of the Nebraska Department of Education. The ECTC has managed the revision process for Nebraska's Early Learning Guidelines. The ECTC is also spearheading the development of a new training curricula for providing professional development on the Guidelines. Applicants from each of the Early Learning Connection Regions applied to train the new material. Invitations were extended to successful applicants and a Train the Trainer Model was used to ensure that trainers are fully prepared to train early childhood providers in the new content. Updates were provided to the ECICC periodically about the revision process for the new Guidelines. ECICC members were also asked to provide comment regarding the new content.

e) Describe how the state/territory's early learning and developmental guidelines are updated and include the date first issued and/or the frequency of updates

The Nebraska Early Learning Guidelines for Children Ages 3 to 5 was first published in 2003 and The Nebraska Early Learning Guidelines for Children Birth to Age 3 was first published in January of 2005. Several minor revisions were made in the next dozen years. The ELGs were combined into one document during the most recent revision in 2018.

f) If applicable, discuss the state process for the adoption, implementation and continued improvement of state out-of-school time standards

Not Applicable. However, the Nebraska State Board of Education adopted the Expanded Learning Opportunities Position Statement on October 6, 2017 which includes a Quality Framework that describes the ten principles of a quality out-of-school time program.

Nebraska afterschool and summer school-based programs funded by a 21st Century Community Learning Centers federal grant must align with this Quality Framework. A 21st CCLC external observation tool is currently being piloted and periodic external observations will be required beginning in 2019-2020.

g) Provide the Web link to the state/territory's early learning and developmental guidelines.

<https://www.education.ne.gov/oec/early-learning-guidelines/>

6.3.2 CCDF funds cannot be used to develop or implement an assessment for children that:

- Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF,
- Will be used as the primary or sole basis to provide a reward or sanction for an individual provider,
- Will be used as the primary or sole method for assessing program effectiveness,
- Will be used to deny children eligibility to participate in the CCDF (658E(c)(2)(T)(ii)(I); 98.15(a)(2)).

Describe how the state/territory's early learning and developmental guidelines are used.

The Nebraska Early Learning Guidelines (ELGs) are considered a foundational child development resource for early childhood education and care providers.

- Nebraska Department of Health and Human Services requires early education and care staff who work in licensed programs receive training on the ELCs.
- Early Childhood Education and Care programs (for children from birth to Kindergarten entrance age) operated by schools or ESUs are required to use curricula that is aligned to the ELGs.
- Training on the ELGs is written into Step 2 (out of 5) of Step Up to Quality.

Effective Date: 10/01/2018

7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Fund program expenditures for activities designed to improve the quality of child care services and to increase parental options for and access to high-quality child care (98.53). The quality activities should be aligned with a statewide or territory-wide assessment of the state's or territory's need to carry out such services and care. States and territories are required to report on these quality improvement investments through CCDF in three ways:

1. In the Plan, states and territories will describe the types of activities supported by quality investments over the 3-year period (658G(b); 98.16(j)).
2. ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696). This report will be used to determine compliance with the required quality and infant and toddler spending requirements (658G(d)(1); 98.53(f)).
3. For each year of the Plan period, states and territories will submit a separate annual Quality Progress Report that will include a description of activities to be funded by quality expenditures and the measures used by the state/territory to evaluate its progress in improving the quality of child care programs and services within the state/territory (658G(d); 98.53(f)).

States and territories must fund efforts in at least one of the following 10 activities:

- Supporting the training and professional development of the child care workforce
- Improving on the development or implementation of early learning and developmental guidelines
- Developing, implementing, or enhancing a tiered quality rating and improvement system for child care providers and services
- Improving the supply and quality of child care programs and services for infants and toddlers
- Establishing or expanding a statewide system of child care resource and referral services
- Supporting compliance with state/territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in section 5)

- Evaluating the quality of child care programs in the state/territory, including evaluating how programs positively impact children
- Supporting providers in the voluntary pursuit of accreditation
- Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- Performing other activities to improve the quality of child care services, as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten entry are possible.

Throughout this Plan, states and territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, quality set-aside funds and will describe the measurable indicators of progress used to evaluate state/territory progress in improving the quality of child care services for each expenditure (98.53(f)) These activities can benefit infants and toddlers through school age populations.

This section covers the quality activities needs assessment and quality improvement activities and indicators of progress for each of the activities undertaken in the state or territory.

7.1 Quality Activities Needs Assessment for Child Care Services

7.1.1 Lead Agencies must invest in quality activities based on an assessment of the state/territory's needs to carry out those activities. Lead Agencies have the flexibility to design an assessment of their quality activities that best meet their needs, including how often they do the assessment. Describe your state/territory assessment process, including the frequency of assessment (658G(a)(1); 98.53(a)).

The Statewide Early Learning Connection Partnerships engage in an annual needs assessment. The ELCs use information from training evaluations, as well as surveys of partners, and annual partnership engagement to determine the saturation level of state required trainings, as well as training needed in local areas to increase provider competency and program improvement. CCDF expenditures also support the work of some of the coaches contracted to provide guidance to programs participating in Step Up to Quality. Programs completing the work to meet the requirements to be rated a Step 2 complete a

coach questionnaire. Based on the needs identified, the Step Up to Quality Coach Coordinator contacts the program director/owner to assess the program's need for support. The Coach coordinator offers the service of a coach. If the program wants coaching services, the Coach coordinator matches the program with a coach with skills to match the needs identified in the coach questionnaire.

CCDF Quality dollars are used to support Step Up to Quality activities. Step Up to Quality has been evaluated by an outside entity for the past few years. The information is then used to modify and respond to the identified needs.

Effective Date: 10/01/2018

7.1.2 Describe the findings of the assessment and if any overarching goals for quality improvement were identified.

Several common themes were identified through the Early Learning Connection Partnerships' assessments. All regions identified that focusing on licensing required training is still a priority for those who are still working to meet deadlines and due to ongoing staff turnover. Other commonly requested topics noted in the assessments included next level trainings of license required topics, social emotional development, trauma informed care, training on common classroom assessment tools, training that is specific to the program type (home visiting, infant/toddler, school age, etc.), and CDA series. Overarching goals throughout the state involved seeking more collaboration between agencies/quality initiatives, series training that emphasizes higher level learning, and embedding topics like mental health, inclusion, and diversity/cultural awareness into all early childhood training.

Increasing quality in the child care setting across Nebraska, both Urban and Rural, continue to be the goal of Step Up to Quality. Assessments identify areas of higher subsidy population, higher poverty, areas where quality child care is minimally represented.

7.2 Use of Quality Funds

7.2.1 Check the quality improvement activities in which the state/territory is investing

Effective Date: 10/01/2018

- Supporting the training and professional development of the child care workforce. If checked, respond to section 7.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

State allocated funds are used through Step Up to Quality.

- Developing, maintaining, or implementing early learning and developmental guidelines. If checked, respond to section 6.3 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

State allocated funds are used through Step Up to Quality.

- Developing, implementing, or enhancing a tiered quality rating and improvement system. If checked, respond to 7.4 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

State allocated funds are used through Step Up to Quality.

- Improving the supply and quality of child care services for infants and toddlers. If checked, respond to 7.5 and indicate which funds will be used for this

activity. Check all that apply

CCDF funds

Other funds

Describe:

State allocated funds are used through Step Up to Quality. Sixpence programs are also funded by state general funds and the Early Childhood Education Endowment funds.

Establishing or expanding a statewide system of CCR&R services, as discussed in 1.7. If checked, respond to 7.6 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Facilitating compliance with state/territory requirements for inspection, monitoring, training, and health and safety standards (as described in section 5). If checked, respond to 7.7 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Evaluating and assessing the quality and effectiveness of child care services within the state/territory. If checked, respond to 7.8 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Supporting accreditation. If checked, respond to 7.9 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

- Supporting state/territory or local efforts to develop high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development. If checked, respond to 7.10 and indicate which funds will be used for this activity. Check all that apply.

CCDF funds

Other funds

Describe:

Step Up to Quality and Federal USDA Nutrition has allocated state general funds.

- Other activities determined by the state/territory to improve the quality of child care services and which measurement of outcomes related to improved provider preparedness, child safety, child well-being, or kindergarten entry is possible. If checked, respond to 7.11 and indicate which funds will be used for this activity. Check all that apply

CCDF funds

Other funds

Describe:

7.3 Supporting Training and Professional Development of the Child Care Workforce With CCDF Quality Funds

Lead Agencies can invest in the training, professional development, and post-secondary education of the child care workforce as part of a progression of professional development activities, such as those included at 98.44 in addition to the following (98.53(a)(1)).

7.3.1 Describe how the state/territory funds the training and professional development of the child care workforce

Effective Date: 10/01/2018

a) Check and describe which content is included in training and professional development activities and describe who or how an entity is funded to address this topic. Check all that apply.

- Promoting the social, emotional, physical, and cognitive development of children, including those efforts related to nutrition and physical activity, using

scientifically based, developmentally appropriate, and age-appropriate strategies

Describe:

Training that is approved for child care providers is aligned with the Nebraska Early Learning guidelines. The training approval system is funded through CCDF

- Go NapSaCC nutrition training is embedded into Step Up to Quality. It is offered across the state when requested and is also offered online. This is funded through Nebraska Department of Education, Office of Nutrition Services and the University of Nebraska-Lincoln.
- Rock Solid, a training created by Nebraska Extension, using research-based information from the former Center on Social Emotional Foundations for Early Learning-Pyramid is available to child care providers. Funded through the University of Nebraska Extension.
- Early Learning Guidelines Health and Physical Development domain training is held across the state and will be funded from CCDF and private sources.

- Implementing behavior management strategies, including positive behavior interventions and support models that promote positive social-emotional development and early childhood mental health and that reduce challenging behaviors, including a reduction in expulsions of preschool-age children from birth to age five for such behaviors. (See also section 2.5.)

Describe:

- PTR-YC training is funded through IDEA Part B.
- Rock Solid training is provided (see above).
- Pyramid Model implementation training is held for School District, Head Start, and child care programs across the state and is funded from IDEA Part B funds, Federal Head Start funds, state general funds, and private sources.

- Engaging parents and families in culturally and linguistically appropriate ways to expand their knowledge, skills, and capacity to become meaningful partners in supporting their children's positive development

Describe:

- Circle of Security is provided to parents across the state through private funding.
- Family learning activities are held in communities across the state through Nebraska Educational Television funds, CCDF funds, Federal Title I, and Local School District funds, Head Start/Early Head Start, and Sixpence (Nebraska Early Childhood Education Endowment public and private funds).

- Implementing developmentally appropriate, culturally and linguistically responsive instruction, and evidence-based curricula and designing learning environments that are aligned with state/territory early learning and developmental

standards.

Describe:

- Curriculum training for implementation of Creative Curriculum is offered across the state through state general funds and CCDF.
- Curriculum 101 - Training about identifying developmentally appropriate, aligned curriculum and using appropriate curriculum is provided through CCDF funds and state general funds.

- Providing onsite or accessible comprehensive services for children and developing community partnerships that promote families' access to services that support their children's learning and development

Describe:

- Using data to guide program evaluation to ensure continuous improvement

Describe:

Individual program level: Nebraska promotes the use of program quality measures (ERS and CLASS program quality tools). A significant infrastructure has been created to support several levels of trained observers. Staff from child care can attend specific training designed for the participant to learn about one or more of the ERS tools. A second level of training allows participants to learn about the chosen scale in greater depth. Finally, participants have the opportunity to train and then achieve reliability with an anchor. For the CLASS tools, introductory training is offered and then participants can take the CLASS reliability assessment. A state infrastructure is in place to ensure reliability for the CLASS tools as well. Observers using CLASS for step ratings in Step up to Quality or in school districts reach a higher level of reliability. Nebraska requires the use of anchors for CLASS tools. These anchors have reached reliability in a double coding system created by the authors of the CLASS tools. Step Up to Quality has embedded the use of program quality tools into the criteria of the steps. The infant/Toddler Quality initiative uses the ERS tools to measure program quality and as a baseline for program improvement. The infrastructure is funded with multiple funding sources. State funds for school based programs fund some of the infrastructure for the ECERS-3. State funds for the ERS (infant/Toddler, preschool, and family child care) and CLASS are paid by state funds for Step Up to Quality. Funding for program quality observations is divided among the above two funding sources, as well as CCDF quality funds for programs participating in Step Up to

Quality.

The implementation of Step Up to Quality is being evaluated by a private contractor. The evaluation is funded by a private entity. The evaluation is using data collected from child care providers across the state. This information is being used to alter policies, improve clarity of documents, and help the Step Up to Quality team determine areas of strength and areas for improvement. The evaluation is being paid by private philanthropy.

Child care training is evaluated by participants at each training session. The evaluations are collected electronically, and the data are used to provide feedback to the trainer and to the ECTC. Additionally, the ECTC contracts with individuals to attend training across the state and evaluate the training curriculum and provide input on the strengths and areas for improvement of the trainer.

Early Learning Connect Partnerships conduct annual needs assessments which inform the training offerings for the next year.

[Caring for children of families in geographic areas with significant concentrations of poverty and unemployment](#)

[Describe:](#)

State level partners, including DHHS and NDE work with the Nebraska Children and Families foundation, Buffett Early Childhood Institute, the Nebraska early Childhood Collaborative, and school districts and Head Start programs to support programs and services in areas with concentrations of poverty.

- Omaha Area Superintendent's plan- state legislation allowed public funding in the Omaha metropolitan area to be used for a plan to be created by the school superintendents in the Omaha metropolitan area. This area is home to the largest concentration of children in poverty. The plan is specifically meet the needs of children birth through 3rd grade and their families.
- Educare- Nebraska is home to 4 nationally recognized Educare early childhood schools serving children from birth to kindergarten. They are full day, full year programs. They specifically serve children in poverty. Two Educare schools are located in Omaha, a third is in a low-income part of Lincoln, and the fourth is located on tribal lands.
- Nebraska Early Childhood Collaborative - This is a privately funded effort to provide direct early childhood services, as well as coaching and other supports to

providers working in high poverty areas of the Omaha area.

- Legislation by the Nebraska Unicameral has enabled CCDF quality set aside money to be used to fund new grants from the Nebraska Early Childhood Education Grant Program for children birth to age 3 (commonly known as Sixpence. This legislation will require local school districts to partner with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to the best proposals serving children who are most at risk. Sixpence programs are also required to participate in Step Up to Quality.
- Step up to Quality is mandatory for programs receiving more than \$250,000 per year in child care subsidy. This ensures that programs serving large concentrations of children of low income will participate in quality improving initiatives.

[Caring for and supporting the development of children with disabilities and developmental delays](#)

Describe:

- Special care, a curriculum for child care providers that focuses on reducing the barriers to full inclusion of children with disabilities, is being revised. It will be available to child care providers across the state. This training curriculum is funded through CCDF and IDEA Part C.
- Planning Region Teams from across the state periodically provide training on including children with disabilities - funded through Federal IDEA Part C funds.
- Nebraska also supports the dissemination of Cara's Kits and the TAM Technology fan (produced by the technology and Media division of the Council for Exceptional Children). These resources assist early education and care providers in working through decisions regarding supports for children with disabilities to enable them to participate fully in early childhood programs.
- The NDE Offices of Early Childhood Education and Special education work in collaboration with DHHS and Educational Service Units (ESUs) to provide coaching supports for teachers of young children. These are funded through Federal IDEA funds and state general funds.

[Supporting the positive development of school-age children](#)

Describe:

Beyond School Bells, a network for out of school time providers offers training for staff serving school age children - funded through private grants, and CCDF funds. NDE provides 21st Century Learning Community grants to local school districts to provide programs and services for out-of-school time. NDE provides training for 21st Century Learning staff. - Funded through Federal 21st Century (Title) funds. School-age

Connections, an online proctored training for out of school time providers is available across the state. Funded through CCDF.

Other

Describe:

b) Check how the state/territory connects child care providers with available federal and state/territory financial aid or other resources to pursue post-secondary education relevant for the early childhood and school-age workforce. Check all that apply

Coaches, mentors, consultants, or other specialists available to support access to post-secondary training, including financial aid and academic counseling

Statewide or territory-wide, coordinated, and easily accessible clearinghouse (i.e., an online calendar, a listing of opportunities) of relevant post-secondary education opportunities

Financial awards, such as scholarships, grants, loans, or reimbursement for expenses, from the state/territory to complete post-secondary education

Other

Describe:

7.3.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Number of TEACH Early Childhood scholarships will be tracked. Number of individuals accessing training will be tracked through training participation logs.

Effective Date: 10/01/2018

7.4 Quality Rating and Improvement System (QRIS)

Lead Agencies may respond in this section based on other systems of quality improvement, even if not called a QRIS, as long as the other quality improvement system contains the elements of a QRIS. QRIS refers to a systematic framework for evaluating, improving and communicating the level of quality in early childhood programs and contains five key elements:

1. Program standards
2. Supports to programs to improve quality
3. Financial incentives and supports
4. Quality assurance and monitoring
5. Outreach and consumer education

7.4.1 Does your state/territory have a quality rating and improvement system or other system of quality improvement?

Effective Date: 10/01/2018

No, but the state/territory is in the QRIS development phase. If no, skip to 7.5.1.

No, the state/territory has no plans for QRIS development. If no, skip to 7.5.1.

Yes, the state/territory has a QRIS operating statewide or territory-wide

Describe how the QRIS is administered (e.g., statewide or locally or through CCR&R entities) and any partners and provide a link, if available.

Step Up to Quality is jointly administered through the Nebraska Departments of Health and Human Services and Department of Education, Office of Early Childhood Education. A leadership team of individuals, key to the operation of the initiative, meet regularly. They include staff from NDE, Step Up to Quality team, DHHS child care subsidy, and child care licensing. <http://www.education.ne.gov/StepUptoQuality/>

Yes, the state/territory has a QRIS initiative operating as a pilot-test in a few localities or only a few levels but does not have a fully operating initiative on a statewide or territory-wide basis.

Provide a link, if available.

Yes, the state/territory has another system of quality improvement

If the response is yes to any of the above, describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures.

7.4.2 QRIS participation

Effective Date: 10/01/2018

a) Are providers required to participate in the QRIS?

Participation is voluntary

Participation is mandatory for providers serving children receiving a subsidy. If checked, describe the relationship between QRIS participation and subsidy (e.g., minimum rating required, reimbursed at higher rates for achieving higher ratings, participation at any level).

Participation is voluntary except for a few categories. Child care programs receiving \$250,000 in child care subsidy annually must participate. Center-Based Nebraska Early Childhood Education Endowment (Sixpence) programs for children birth to age 3 must participate. Also, Sixpence School District/Child Care Partnership programs must participate.

Participation is required for all providers.

b) Which types of settings or distinctive approaches to early childhood education and care participate in the state/territory's QRIS? Check all that apply

Licensed child care centers

Licensed family child care homes

License-exempt providers

Early Head Start programs

Head Start programs

- State prekindergarten or preschool programs
- Local district-supported prekindergarten programs
- Programs serving infants and toddlers
- Programs serving school-age children
- Faith-based settings
- Tribally operated programs
- Other

Describe:

7.4.3 Support and assess the quality of child care providers.

The Lead Agency may invest in the development, implementation, or enhancement of a tiered quality rating and improvement system for child care providers and services. Note: If a Lead Agency decides to invest CCDF quality dollars in a QRIS, that agency can use the funding to assist in meeting consumer education requirements (98.33). If the Lead Agency has a QRIS, respond to questions 7.4.3 through 7.4.6.

Do the state/territory's quality improvement standards align with or have reciprocity with any of the following standards?

Effective Date: 10/01/2018

- No
- Yes. If yes, check the type of alignment, if any, between the state/territory's quality standards and other standards. Check all that apply.
 - Programs that meet state/territory preK standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between preK programs and the quality improvement system) .
 - Programs that meet federal Head Start Program Performance Standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, there is a reciprocal agreement between Head Start programs and the quality improvement system).
 - Programs that meet national accreditation standards are able to meet all or part of the quality improvement standards (e.g., content of the standards is the same, an alternative pathway exists to meeting the standards).

Programs that meet all or part of state/territory school-age quality standards.

Other.

Describe:

Head Start/Early Head Start, Nationally Accredited, and School District programs may enter at a Step 3. These programs create a portfolio to identify which points the entity is pursuing if the programs choose to become a Step 4 or Step 5 rated provider. There are reciprocal program quality observation agreements in some areas to reduce duplicative observations.

7.4.4 Do the state/territory's quality standards build on its licensing requirements and other regulatory requirements?

Effective Date: 10/01/2018

No

Yes. If yes, check any links between the state/territory's quality standards and licensing requirements

Requires that a provider meet basic licensing requirements to qualify for the base level of the QRIS.

Embeds licensing into the QRIS

State/territory license is a "rated" license

Other.

Describe:

Training requirements for licensing are with an accelerated timeline are embedded in Step 2.

7.4.5 Does the state/territory provide financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services that are provided through the QRIS

Effective Date: 10/01/2018

- No
- Yes. If yes, check all that apply
 - One time grants, awards, or bonuses.
 - Ongoing or periodic quality stipends
 - Higher subsidy payments
 - Training or technical assistance related to QRIS.
 - Coaching/mentoring.
 - Scholarships, bonuses, or increased compensation for degrees/certificates
 - Materials and supplies
 - Priority access for other grants or programs
 - Tax credits (providers or parents)
 - Payment of fees (e.g., licensing, accreditation)
 - Other

Describe:

7.4.6 Describe the measurable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Nebraska will track the number of programs in Step Up to Quality as well as the percentage of licensed child care programs at Steps 3, 4 and 5.

Effective Date: 10/01/2018

7.5 Improving the Supply and Quality of Child Care Programs and Services for Infants and Toddlers

Lead Agencies are encouraged to use the needs assessment to systematically review and improve the overall quality of care that infants and toddlers receive, the systems in place or needed to support and enhance the quality of infant and toddler providers, the capacity of the

infant and toddler workforce to meet the unique needs of very young children, and the methods in place to increase the proportion of infants and toddlers in higher quality care, including any partnerships or coordination with Early Head Start and IDEA Part C programs. Lead Agencies are required to spend 3 percent of their total CCDF expenditures on activities to improve the supply and quality of their infant and toddler care. This is in addition to the general quality set-aside requirement.

7.5.1 What activities are being implemented by the state/territory to improve the supply (see also section 4) and quality of child care programs and services for infants and toddlers? Check all that apply and describe

Effective Date: 10/01/2018

- Establishing or expanding high-quality community- or neighborhood-based family and child development centers. These centers can serve as resources to child care providers to improve the quality of early childhood services for infants and toddlers from low-income families and to improve eligible child care providers' capacity to offer high-quality, age-appropriate care to infants and toddlers from low-income families

Describe:

CCDF monies are used to fund resources to improve to the quality of child care providers for infants and toddlers through the Sixpence Child Care Partnership Grants. Seven school district grant recipients are partnering with the local child care providers to provide coaching, professional development, and funding for equipment, materials and minor facilities modifications, and parent engagement/education. The grantee school districts connect local child care providers to district resources and the child care providers are statutorily required to achieve a Step 3 in our state's 5 Step QRIS by the end of the three year grant term. These child care providers must also serve infants/toddlers who qualify under at least one categories of at-risk; low income being one of those indicators. The child care providers have an agreement with the state to accept child care subsidy. In addition to the Sixpence Child Care Partnership Grants, Sixpence funds, which are comprised of public and private monies are used for grants to school districts in partnership with local community providers to operate high quality early care and education programs. These programs are statutorily required to meet the Nebraska Department of Education's early childhood program rules. These quality indicators allow these early childhood programs to be rated at a Step 3 in our state's 5 Step QRIS. Intensive parent engagement and education are a required component of these grants. In addition to the Sixpence grants, the privately funded Communities for Kids Initiative supports individual communities in assessing and establishing a plan to address their

early childhood needs as an economic development and community vitality effort. A component of this technical assistance package is paid subscriptions to the Nebraska Early Childhood Exchange, a shared services model provided by the Nebraska Early Childhood Collaborative.

- [Establishing or expanding the operation of community- or neighborhood-based family child care networks.](#)

[Describe:](#)

CCDF monies are used to fund Sixpence Child Care Partnership Grants which create a network of providers interested in improving the quality of care specific to infants and toddlers. Grant funds are used to host professional development for all as well as professional learning communities of providers seeking to earn higher education and/or CDA credentials. In addition to Sixpence Child Care Partnership Grants, the privately funded Communities for Kids Initiative supports convening of community stakeholders, including child care providers, to assess and plan for the early childhood needs as an economic development and community vitality effort. In many communities, this is the only time that child care providers have met each other. Informal networking is a byproduct of the Communities for Kids Initiative.

- [Providing training and professional development to enhance child care providers' ability to provide developmentally appropriate services for infants and toddlers](#)

[Describe:](#)

- First Connections - Online college-level professional development regarding development and strategies for teaching and caring for children birth to age 3.
- Sixpence early childhood education endowment grants for center-based services and for child care partnerships provide professional development to early childhood professionals providing education and care for infants and toddlers.
- Early Learning Connection Partnerships in every part of the state provide training for infant and toddler professionals.

- [Providing coaching, mentoring, and/or technical assistance on this age group's unique needs from statewide or territory-wide networks of qualified infant-toddler specialists](#)

[Describe:](#)

Sixpence early childhood education endowment child care partnerships provide a trained coach available to each early childhood center or family child care home. Sixpence is a

program to improve the outcomes of children birth to age 3.

- Coordinating with early intervention specialists who provide services for infants and toddlers with disabilities under Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.).

Describe:

Nebraska is a "birth mandate" state, meaning that appropriate services to meet the needs of a child with a disability from birth or age of diagnosis is a right of families. The Early Development Network is designed to ensure that young children with disabilities are referred for appropriate evaluation and verification of if a disability exists. Local Planning Region teams, funded through IDEA Part C, are tasked with outreach to families through direct contact with families, and through partnering with community child care providers including providers accepting CCDF Child Care Subsidy. Additionally, the Planning Region Teams and the Regional Early Learning Connection Partnerships are required to work together to ensure that child care providers receive information related to serving infants and toddlers with disabilities.

- Developing infant and toddler components within the state/territory's QRIS, including classroom inventories and assessments

Describe:

Nebraska uses the ITERS 3, the Infant CLASS and the Toddler CLASS, as program quality measurement tools in classrooms participating in Step Up to Quality and in school based infant-toddler classes. Training in the use of these tools is also provided across the state to child care providers and is written into criteria for Step Up to Quality.

- Developing infant and toddler components within the state/territory's child care licensing regulations

Describe:

- Developing infant and toddler components within the early learning and developmental guidelines

Describe:

Nebraska's ELGs outline of what children from birth to age 5 should know and be able to do.

- Improving the ability of parents to access transparent and easy-to-understand consumer information about high-quality infant and toddler care that includes information on infant and toddler language, social-emotional, and both early literacy and numeracy cognitive development

Describe:

Nebraska has created a set of informational materials for parents of infants and toddlers entitled First Connections. Step Up to Quality has created initial materials to help families choose a quality program. Step Up to Quality is continuing to create additional messages, informational materials, and resources.

- Carrying out other activities determined by the state/territory to improve the quality of infant and toddler care provided within the state/territory and for which there is evidence that the activities will lead to improved infant and toddler health and safety, cognitive and physical development, and/or well-being

Describe:

In addition to early Learning Guidelines training in each of the 7 domains which includes specific information for caregivers of infants and toddlers, Nebraska also requires a training entitled Safe with You which provides specific information for child care providers working with infants and toddlers regarding safe sleep, among other topics. Legislating by the Nebraska Unicameral has enabled CCDF quality set aside funds to be used for grants from the Sixpence grant program for children from birth to age 3. This grant requires local schools to partners with community child care homes or child care centers to improve the quality of child care for infants and toddlers. The grants are competitive and awarded to districts and their partners having the best proposals for serving children who are most at risk.

- Coordinating with child care health consultants.

Describe:

- Coordinating with mental health consultants.

Describe:

- Other

Describe:

7.5.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services for infants and toddlers within the state/territory and the data on the extent to which the state or territory has met these measures

Nebraska tracks the number of infant and toddler caregivers who have taken training through the Early Learning Connections each quarter. That information is reported on quarterly reports. Step Up to Quality tracks the number of programs participating in Step Up to Quality and the step rating of each. Sixpence has an outside evaluation completed each year by the University of Nebraska Medical Center's Munroe-Meyer Institute.

Effective Date: 10/01/2018

7.6 Child Care Resource and Referral

A Lead Agency may expend funds to establish or expand a statewide system of child care resource and referral services (98.53(a)(5)). It can be coordinated, to the extent determined appropriate by the Lead Agency, by a statewide public or private non-profit, community-based, or regionally based lead child care resource and referral organization (658E(c)(3)(B)(iii)). This effort may include activities done by local or regional child care and resource referral agencies, as discussed in section 1.7.

7.6.1 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency and the Nebraska Department of Education will review monthly data tracked by the CCR&R as it relates to referrals and inquiries about child care programs and provider's inquiries about available child care throughout Nebraska and quality child care inquires. Inquires of the ETCT and CCR&R from providers and family are used in assessing planning for community specific trainings and other community. Indicators of progress are

reviewing the initial inquires and the years training plan.

Effective Date: 10/01/2018

7.7 Facilitating Compliance With State Standards

7.7.1 What strategies does your state/territory fund with CCDF quality funds to facilitate child care providers' compliance with state/territory requirements for inspection, monitoring, training, and health and safety and with state/territory licensing standards? Describe:

CCDF quality funds are used to support Child Care Licensing Specialist. Child Care Licensing Specialist conduct inspections with all licensed child care providers. Unannounced inspections are completed annually for providers who are licensed to care for 29 or fewer children and twice a year to centers who are licensed to care for 30 or more children. Inspections review the provider's compliance with licensing standards, training requirements, monitoring, etc. CCDF quality funds support the Early Childhood Training Center, which provides required training resources to child care providers to ensure compliance with training requirements. CCDF quality funds also support Early Learning Coordinators, who operate on a local/regional level and assist providers with available trainings to meeting requirements and/or to broaden their education and skills.

Effective Date: 10/01/2018

7.7.2 Does the state/territory provide financial assistance to support child care providers in complying with minimum health and safety requirements?

Effective Date: 10/01/2018

No

Yes. If yes, which types of providers can access this financial assistance?

Licensed CCDF providers

Licensed non-CCDF providers

License-exempt CCDF providers

Other

Describe:

License-exempt providers and Child Care Centers currently receive an incentive payment when completing First Aid and CPR.

7.7.3 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

The Lead Agency receives quarterly reports from the Nebraska Department of Education – Early Childhood Training Center. This reports includes the state approved trainings offered and number of participants.

Effective Date: 10/01/2018

7.8 Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services

7.8.1 Describe how the state/territory measures the quality and effectiveness of child care programs and services in both child care centers and family child care homes currently being offered, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the state/territory evaluates how those tools positively impact children

Observations of program quality and teacher interactions are embedded into the Step Up to

Qualitypoint structure. More points are awarded for higher scores on the program quality and/or teacher interaction scales.

Effective Date: 10/01/2018

7.8.2 Describe the measureable indicators of progress relevant to this use of funds that the State/Territory will use to evaluate its progress in improving the quality of child care programs and services in child care centers and family child care homes within the state/territory and the data on the extent to which the state or territory has met these measures

The percentage of Step Up to Quality programs rated will increase 25%. Program's increase in Step Up to Quality's steps during their path of quality continuation will also indicate progress.

Effective Date: 10/01/2018

7.9 Accreditation Support

7.9.1 Does the state/territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?

Effective Date: 10/01/2018

- Yes, the state/territory has supports operating statewide or territory-wide for both child care centers and family child care homes

Describe the support efforts for all types of accreditation that the state/territory provides to child care centers and family child care homes to achieve accreditation

- Yes, the state/territory has supports operating statewide or territory-wide for child care centers only. Describe the support efforts for all types of accreditation that the state/territory provides to child care centers.

Describe:

- Yes, the state/territory has supports operating statewide or territory-wide for family child care homes only. Describe the support efforts for all types of accreditation that the state/territory provides to family child care

Describe:

- Yes, the state/territory has supports operating as a pilot-test or in a few localities but not statewide or territory-wide

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, but the state/territory is in the accreditation development phase

- Focused on child care centers

Describe:

- Focused on family child care homes

Describe:

- No, the state/territory has no plans for accreditation development

7.9.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Nebraska is not using funds to support provider accreditation and has no measureable indicators of progress.

7.10 Program Standards

7.10.1 Describe how the state/territory supports state/territory or local efforts to develop or adopt high-quality program standards, including standards for infants and toddlers, preschoolers, and/or school-age children

The Lead Agency participates in planning/Evaluation meetings on various topics/entities around quality program standards, such as: Step Up to Quality (QRIS), Nebraska Core Competencies for Early Childhood Professional, Nebraska's Early Learning Standards, Go NAP SACC (nutrition/physical activity), and Sixpence. All of these initiatives help define and implement high-quality standards for children of all ages, infants, toddlers, pre-school, and school age.

Effective Date: 10/01/2018

7.10.2 Describe the measureable indicators of progress relevant to this use of funds that the state/territory will use to evaluate its progress in improving the quality of child care programs and services within the state/territory and the data on the extent to which the state or territory has met these measures

Specific to Step Up To Quality (QRIS), Nebraska will increase the number of programs rated in at a level 3, 4, or 5 by 25% by 2021. Programs such as Step Up to Quality, Go NAP SACC, and Sixpence have annual evaluations completed. This data will continue to be reviewed. The number of trainings offered and participants of offered trainings will be tracked and reviewed. Progress is measured with the increase of programs participating in a quality initiative program or multiple programs. It is also measured by the number of Step Up

to Quality participants increasing their quality step rating.

Effective Date: 10/01/2018

7.11 Early Learning and Development Guidelines and Other Quality Improvement Activities

7.11.1 If quality funds are used to develop, maintain, or implement early learning and development guidelines, describe the measureable indicators that will be used to evaluate the state/territory's progress in improving the quality of child care programs and services and the data on the extent to which the state/territory has met these measures (98.53(f)(3)).

Nebraska will track the number of programs participating in Step Up to Quality and will measure the number of programs that move up at least one quality level.

Effective Date: 10/01/2018

7.11.2 List and describe any other activities that the state/territory provides to improve the quality of child care services for infants and toddlers, preschool-aged, and school-aged children, which may include consumer and provider education activities, and also describe the measureable indicators of progress for each activity relevant to this use of funds that the state/territory will use to evaluate its progress in improving provider preparedness, child safety, child well-being, or kindergarten entry and the data on the extent to which the state or territory has met these measures. Describe:

Nebraska is not currently participating in any other quality improvement activities outside of the QRIS system currently implemented.

Effective Date: 10/01/2018

8 Ensure Grantee Program Integrity and Accountability

Program integrity and accountability activities are integral to the effective administration of the CCDF program. Lead Agencies are required to describe in their Plan effective internal controls that ensure integrity and accountability while maintaining the continuity of services (98.16(cc)). These accountability measures should address reducing fraud, waste, and abuse, including program violations and administrative errors.

This section includes topics on internal controls to ensure integrity and accountability and processes in place to investigate and recover fraudulent payments and to impose sanctions on clients or providers in response to fraud. Respondents should consider how fiscal controls, program integrity and accountability apply to:

- Memorandums of understanding within the Lead Agency's various divisions that administer or carry out the various aspects of CCDF
- MOU's, grants, or contracts to other state agencies that administer or carry out various aspects of CCDF
- Grants or contracts to other organizations that administer or carry out various aspects of CCDF such as professional development and family engagement activities
- Internal processes for conducting child care provider subsidy

8.1 Internal Controls and Accountability Measures To Help Ensure Program Integrity

8.1.1 Check and describe how the Lead Agency ensures that all its staff members and any staff members in other agencies who administer the CCDF program through MOUs, grants and contracts are informed and trained regarding program requirements and integrity. Check all that apply:

Effective Date: 10/01/2018

Train on policy manual

Describe:

The Lead Agency will be conducting state wide training. This will consist of the CCDF Administrator and Program Specialist staff conducting group trainings that will allow questions to be answered in informal/formal setting.

Train on policy change notices

Describe:

The Lead Agency will be conducting state wide training. This will consist of the CCDF Administrator and Program Specialist staff conducting group trainings that will allow questions to be answered in informal/formal setting.

Ongoing monitoring and assessment of policy implementation

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

Other

Describe:

Regular communication and meetings are held with the CCDF Administrator, the Licensing Program Manager and the Administrator of Early Childhood. These managers and administrator hold regular meetings with their staff to review and evaluate current policies/procedures.

8.1.2 Lead Agencies must ensure the integrity of the use of funds through sound fiscal management and must ensure that financial practices are in place (98.68 (a)(1)). Describe the processes in place for the Lead Agency to ensure sound fiscal management practices for all expenditures of CCDF funds. Check all that apply:

Effective Date: 10/01/2018

Verifying and processing billing records to ensure timely payments to providers

Describe:

Providers are set up to use an online billing portal that creates records to show when payments have been issued. Those who do not use online billing use paper billing and these can be tracked to see when payments have been processed via the Nebraska Eligibility System.

Fiscal oversight of grants and contracts

Describe:

Subawards and contracts are reviewed at the time of startup or renewal by the CCDF Lead Agency Grant Manager and CCDF Administrator, Legal Services, Support Services and Financial Services. Ongoing monitoring is with the CCDF Grant Manager and CCDF Program Manager. Monthly CCDF Grant meetings are held with CCDF staff, Administration, and Finance staff. The Internal Audit Unit also conducts internal audits on a selection of the Subrecipients.

Tracking systems to ensure reasonable and allowable costs

Describe:

All subawards and contracts are approved with language stating the Department agrees to pay the Subrecipient for actual, allowable, and reasonable costs of the activities described in the agreed upon budget. Reimbursements (payment) requests from the Subrecipient are reviewed and tracked on an Excel spread sheet. The CCDF Grant Manger also works closely with the Lead Agency's finance and grant departments when reviewing and making payments.

Other

Describe:

8.1.3 Check and describe the processes that the Lead Agency will use to identify risk in their CCDF program. Check all that apply:

Effective Date: 10/01/2018

Conduct a risk assessment of policies and procedures

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

Establish checks and balances to ensure program integrity

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

Use supervisory reviews to ensure accuracy in eligibility determination

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

Other

Describe:

Submit overpayment referrals to Issuance and Collections and fraud referrals to Special Investigation Unit for a thorough review.

8.1.4 Lead Agencies conduct a wide variety of activities to fight fraud and ensure program integrity. Lead Agencies are required to have processes in place to identify fraud and other program violations to ensure program integrity. Program violations can

include both intentional and unintentional client and/or provider violations, as defined by the Lead Agency. These violations and errors, identified through the error-rate review process may result in payment or nonpayment (administrative) errors and may or may not be the result of fraud, based on the Lead Agency definition. Check and describe any activities that the Lead Agency conducts to ensure program integrity.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency conducts to identify and prevent fraud or intentional program violations. Include in the description how each activity assists in the identification and prevention of fraud and intentional program violations. Include a description of the results of such activity.

- Share/match data from other programs (e.g., TANF program, Child and Adult Care Food Program, Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS)).

Describe

Nebraska will track the number of programs participating in Step Up to Quality and will measure the number of programs that move up at least one quality level.

- Run system reports that flag errors (include types).

Describe:

Nebraska currently runs monthly system reports that flag co-payments being paid, transportation units being paid and providers that make an excess of \$250,000 per Fiscal year. This allows monitoring and timely actions and/or corrections to be made.

- Review enrollment documents and attendance or billing records

Describe:

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows actions to be taken to correct issues before they become an ongoing problem.

- Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have

monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

[Audit provider records.](#)

[Describe:](#)

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows the correction of issues before they become an ongoing issues.

[Train staff on policy and/or audits.](#)

[Describe:](#)

Eligibility staff are trained on program requirements at new hire and as needed by Supervisory Staff. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that work the CC program so that they are aware of what audit issues have become larger concerns.

[Other](#)

[Describe:](#)

[b\) Check and describe all activities the Lead Agency conducts to identify unintentional program violations. Include in the description how each activity assists in the identification and prevention of unintentional program violations. Include a description of the results of such activity.](#)

[Share/match data from other programs \(e.g., TANF program, CACFP, FNS, Medicaid\) or other databases \(e.g., State Directory of New Hires, Social Security Administration, PARIS\).](#)

[Describe:](#)

Nebraska currently uses on Eligibility system that houses: TANF, SNAP, LIHEAP, AABD/SSAD. We also receive alerts for information from State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System. This allows review to see what benefits the household is receiving and who is residing in the household.

[Run system reports that flag errors \(include types\).](#)

[Describe:](#)

Nebraska currently runs monthly system reports that flag co-payments being paid, transportation units being paid and providers that make an excess of \$250,000 per Fiscal year. This allows monitoring and timely actions and/or corrections to be made.

[Review enrollment documents and attendance or billing records](#)

[Describe:](#)

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows us to correct issues before they become an ongoing problem.

[Conduct supervisory staff reviews or quality assurance reviews.](#)

[Describe:](#)

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

[Audit provider records.](#)

[Describe:](#)

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows us to correct issues before they become an ongoing problem.

[Train staff on policy and/or audits.](#)

[Describe:](#)

Eligibility staff are trained on program requirements at new hire and as needed by Supervisory Staff. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that work the CC program so that they are aware of what audit issues have become larger concerns.

Other

Describe:

c) Check and describe all activities the Lead Agency conducts to identify and prevent agency errors. Include in the description how each activity assists in the identification and prevention of agency errors.

Share/match data from other programs (e.g., TANF program, CACFP, FNS, Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, PARIS).

Describe:

Nebraska currently uses on Eligibility system that houses: TANF, SNAP, LIHEAP, AABD/SSAD. We also receive alerts for information from State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System. This allows us to see what benefits the household is receiving and who is residing in the household.

Run system reports that flag errors (include types).

Describe:

Nebraska currently runs monthly system reports that flag co-payments being paid, transportation units being paid and providers that make an excess of \$250,000 per Fiscal year. This allows us to monitor and act accordingly.

Review enrollment documents and attendance or billing records

Describe:

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows us to correct issues before they become an ongoing problem.

Conduct supervisory staff reviews or quality assurance reviews.

Describe:

Program Accuracy Specialist (PAS), frontline supervisors, and CCDF Program Specialists review several child care cases monthly. PAS and CCDF staff have monthly meetings discussing trends in errors, policies and procedures. The CCDF

policy unit also reviews trends in policy questions, which helps identify if additional training or policy/process tips are needed.

Audit provider records.

Describe:

Nebraska Policy Staff and Resource Development staff will review billing and attendance records on a regular basis to ensure program integrity. This allows us to correct issues before they become an ongoing problem.

Train staff on policy and/or audits.

Describe:

Eligibility staff are trained on program requirements at new hire and as needed by Supervisory Staff. Resource Development staff also receive new employee training and ongoing training as needed. Audit results are shared with all staff that work the CC program so that they are aware of what audit issues have become larger concerns.

Other

Describe:

8.1.5 The Lead Agency is required to identify and recover misspent funds as a result of fraud, and it has the option to recover any misspent funds as a result of errors.

Effective Date: 10/01/2018

a) Check and describe all activities that the Lead Agency uses to investigate and recover improper payments due to fraud. Include in the description how each activity assists in the investigation and recovery of improper payment due to fraud or intentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- Recover through repayment plans.

Describe:

Currently, if a CCDF Provider has an improper payment due to fraud, Nebraska will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements.

- Reduce payments in subsequent months.

Describe:

Currently, if a CCDF Provider has an improper payment due to fraud, Nebraska reduce the payment by a percentage each month until the improper payment has been paid in full. If the provider fails to make payment arrangements the entire fraud amount will be taken at the next billing cycle.

- Recover through state/territory tax intercepts.

Describe:

- Recover through other means.

Describe:

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

The Special Investigation Unit is made up of fraud investigators who will investigate the IPV or fraud, make a determination, and attempt to collect an overpayment. They will also be key witnesses in any criminal hearings relating to the IPV or fraud.

- Other

Describe:

b) Check any activities that the Lead Agency will use to investigate and recover improper payments due to unintentional program violations. Include in the description how each activity assists in the investigation and recovery of improper payments due to unintentional program violations. Include a description of the results of such activity. Activities can include, but are not limited to, the following:

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- Recover through repayment plans.

Describe:

Currently, if a CCDF Provider has an improper payment due to fraud, Nebraska will set up a payment plan with the provider if they are not active. They have the option to pay in full or make payment arrangements.

- Reduce payments in subsequent months.

Describe:

Currently, if a CCDF Provider has an improper payment due to fraud, Nebraska reduce the payment by a percentage each month until the improper payment has been paid in full.

- Recover through state/territory tax intercepts.

Describe:

- Recover through other means.

Describe:

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

The Special Investigation Unit is made up of fraud investigators who will investigate the IPV or fraud, make a determination, and attempt to collect an overpayment. They will also be key witnesses in any criminal hearings relating to the IPV or fraud.

Other

Describe:

c) Check and describe all activities that the Lead Agency will use to investigate and recover improper payments due to agency errors. Include in the description how each activity assists in the investigation and recovery of improper payments due to administrative errors. Include a description of the results of such activity.

- Require recovery after a minimum dollar amount of an improper payment and identify the minimum dollar amount

Describe:

- Coordinate with and refer to the other state/territory agencies (e.g., state/territory collection agency, law enforcement agency).

Describe:

- Recover through repayment plans.

Establish a unit to investigate and collect improper payments.

- Reduce payments in subsequent months.

Describe:

- Recover through state/territory tax intercepts.

Describe:

- Recover through other means.

Describe:

- Establish a unit to investigate and collect improper payments and describe the composition of the unit below.

Describe:

Other

Describe:

Nebraska does not act on or collect improper payments due to agency error.

8.1.6 What type of sanction will the Lead Agency place on clients and providers to help reduce improper payments due to program violations? Check and describe all that apply:

Effective Date: 10/01/2018

Disqualify the client. If checked, describe this process, including a description of the appeal process for clients who are disqualified.

Describe:

392 NAC 3-012 Client Overpayments: The Department will attempt to recoup overpayments caused by the client's error (failure to provide information, using child care for unauthorized purpose, etc.). When the overpayment appears to be the result of fraud, the case will be referred to the Special Investigation Unit, Central Office, or the Omaha Special Investigation Unit for Omaha cases. 392 NAC 3-013 Intentional Program Violation (IPV): Effective January 1, 2004, an individual who is found to have committed IPV is disqualified according to the following regulations. 392 NAC 3-013.01 Disqualification Hearing: A disqualification hearing will be initiated by the Central Office whenever sufficient documentary evidence has been established to substantiate that a household member has committed one or more acts of intentional program violation. An intentional program violation consists of any action by an individual to purposely:

1. Make a false statement to the local office, either verbally or in writing, to obtain benefits to which the household is not entitled;
2. Conceal information to obtain benefits to which the household is not entitled; or
3. Alter one or more documents to obtain benefits to which the household is not entitled.

The worker must inform the household in writing of the disqualification penalties for committing IPV each time the household applies for benefits. The penalties are listed in clear and prominent lettering on the application form or attachment

- Disqualify the provider. If checked, describe this process, including a description of the appeal process for providers who are disqualified.

Describe:

If Child Care providers breach their Subsidy agreement, they may lose the ability to be a Subsidy provider for 10 years. Child care providers do not have the right to appeal Department decisions, except when an overpayment has been assessed.

- Prosecute criminally.

Describe:

- Other.

Describe:

Appendix A: Background Check Waiver Request Form

Lead Agencies may apply for a temporary waiver for certain background check requirements if milestone prerequisites have been fully implemented. These waivers will be considered "transitional and legislative waivers" to provide transitional relief from conflicting or duplicative requirements preventing implementation, or an extended period of time in order for the state/territory legislature to enact legislation to implement the provisions (98.19(b)(1)) These waivers are limited to a one-year period and may be extended for at most one additional year from the date of initial approval.

Approval of these waiver requests is subject to and contingent on OCC review and approval of responses in section 5 questions 5.4.1 -- 5.4.4 to confirm that the milestones are met. If milestone prerequisites are not met, the waiver request will not be approved. Approved waivers would begin October 1, 2018 through September 30, 2019. If approved, States and Territories will have the option to renew these waivers for one additional year as long as progress is demonstrated during the initial waiver period. Separate guidance will be issued later on the timeline and criteria for requesting the waiver renewal.

Overview of Background Check Implementation deadlines

Original deadline for implementation (658H(j)(1) of CCDBG Act): September 30, 2017

Initial one-year extension deadline (658H(j)(2) of CCDBG Act): September 30, 2018

One-year waiver deadline (45 CFR 98.19(b)(1)(i)): September 30, 2019

Waiver deadline one-year renewal (45 CFR 98.19(b)(1)(ii)): September 30, 2020

Waiver approval for new (prospective) staff, existing staff or staff hired provisionally until background checks are completed, are subject to and contingent upon the OCC review and approval of responses to 5.4.9 that demonstrate that the state/territory requires: (1) the provider to submit the background check request before the staff person begins working; and (2) pending the results of the background check, the staff person must be supervised at all times by an individual who has completed the background check.

To submit a background check waiver request, complete the form below.

Check and describe each background check provision for which the Lead Agency is requesting a time-limited waiver extension.

- Appendix A.7:** Interstate criminal registry or repository check for new or prospective staff. (See related question at 5.4.6 (a))
Describe the provision from which the state/territory seeks relief.

Nebraska is requesting a waiver to seek relief for interstate criminal registry checks for new or prospective staff, specific to ensuring privacy for the individual and 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For CCDF/Subsidy providers, the past 5 years is requested.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statue or in a regulatory section administered by

the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The Department of Health and Human Services (Lead Agency) currently conducts these out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.

Appendix A.8: Interstate criminal registry or repository check
for existing staff. (See related question at 5.4.6 (b))

[Describe the provision from which the state/territory seeks relief.](#)

Nebraska is requesting a waiver to seek relief for interstate criminal registry checks for existing staff, specific to ensuring privacy for the individual and 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For CCDF/Subsidy providers, the past 5 years is requested.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statute or in a regulatory section administered by the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The Department of Health and Human Services (Lead Agency) currently conducts these out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.

[Appendix A.9: Interstate sex offender registry or repository check for new or prospective staff. \(See related question at 5.4.7 \(a\)\)](#)

[Describe the provision from which the state/territory seeks relief.](#)

Nebraska is requesting a waiver to seek relief for interstate sex offender registry checks for new or prospective staff, requesting a full 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For

CCDF/Subsidy providers, the past 5 years is requested. Registering as a sex offender, for Nebraska, as well as other states, is public information, having the individual be responsible for obtaining their own check from the previous state(s) wouldn't jeopardize their privacy.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statute or in a regulatory section administered by the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The Department of Health and Human Services (Lead Agency) currently conducts these out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.

[Appendix A.10: Interstate sex offender registry or repository check for existing staff. \(See related question at 5.4.7 \(b\)\)](#)

[Describe the provision from which the state/territory seeks relief.](#)

Nebraska is requesting a waiver to seek relief for interstate sex offender registry checks for existing staff, specific to requesting a full 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For CCDF/Subsidy providers, the past 5 years is requested. Registering as a sex offender, for Nebraska, as well as other states, is public information, having the individual be responsible for obtaining their own check from the previous state(s) wouldn't jeopardize their privacy.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statute or in a regulatory section administered by the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

[Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.](#)

The Department of Health and Human Services (Lead Agency) currently conducts these out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are

needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.

 **Appendix A.11: Interstate child abuse and neglect registry check for new or prospective staff. (See related question at 5.4.8 (a))**
Describe the provision from which the state/territory seeks relief.

Nebraska is requesting a waiver to seek relief for interstate child abuse and neglect registry checks for new or prospective staff, specific to ensuring privacy for the individual and 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For CCDF/Subsidy providers, the past 5 years is requested.

Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statute or in a regulatory section administered by the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Department of Health and Human Services (Lead Agency) currently conducts these

out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.

 **Appendix A.12: Interstate child abuse and neglect registry check for existing staff. (See related question at 5.4.8 (b))**

[Describe the provision from which the state/territory seeks relief.](#)

Nebraska is requesting a waiver to seek relief for interstate child abuse and neglect registry checks checks for existing staff, specific to ensuring privacy for the individual and 5 years requested from the other state(s). Child Care Licensing and CCDF/Subsidy currently require the individual to be responsible for obtaining their own back ground check from the previous state(s) the lived in. For Child Care Licensing, only the past 12 months is requested. For CCDF/Subsidy providers, the past 5 years is requested.

[Describe how a waiver of the provision will, by itself, improve the delivery of child care services for children](#)

The Department of Health and Human Services (Lead Agency) administer both Child Care Licensing Services and CCDF/Subsidy, but in different divisions. Requirements for Child Care Licensing are either in state statute or in a regulatory section administered by the Division of Public Health. Requirements for CCDF/Subsidy are in a regulatory section administered by the Division of Children and Family Services. Both divisions have been a part of process improvement project for a few different topics related to streamlining the programs and sharing information. Both divisions are currently working on a project related to background checks. Additional time will allow this work to continue, regulatory changes to be made (both division have a draft in various pending status), and the legislative bill proposal for the upcoming 2019 legislative session to be introduced (for a second time), reviewed, and hopefully passed.

Certify and describe how the health, safety, and well-being of children served through assistance received through CCDF will not be compromised as a result of the waiver.

The Department of Health and Human Services (Lead Agency) currently conducts these out of state checks, there is just an inconsistency in requested length from divisions. All CCDF/Subsidy license-exempt providers, license-exempt in-home providers, License Family Child Care Home I/II (household members and staff) and Child Care Center Directors (not including their staff) are in compliance with this. The population that we are needing to obtain additional years of interstate criminal registry checks are for non-CCDF/Subsidy License Family Child Care Home I/II (household members and staff) and Child Care Center directors/staff. The checks that are currently completed do provide assurances of the persons character for employment and to be around children.